

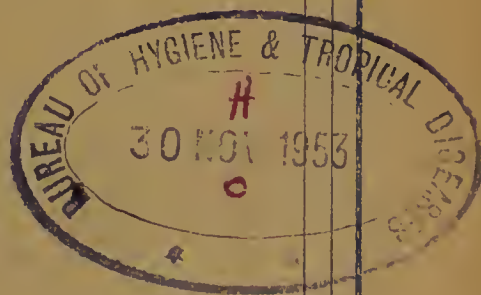
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COUNTY BOROUGH OF CORK

REPORT OF THE
CITY
MEDICAL OFFICER

FOR THE YEAR

1952



C.M.
COUNTY BOROUGH OF CORK



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CITY
MEDICAL OFFICER

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1952

J. C. SAUNDERS, M.D., D.P.H.,
City Medical Officer.

CORK
EAGLE PRINTING COMPANY, LTD., SOUTH MALL

1953

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Miss A. O'Kelly-Lynch¹

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Miss M. Bowen⁴

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Mrs. M. Shanahan⁴

Port Sanitary Clerk and Inspector :

J. P. Kieran

(1) Maternity and Child Welfare. (2) Tuberculosis. (3) School Medical Service,
(4) Dental Service.

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SUMMARY OF STATISTICS.

Area (in Acres)	2,511
Population (Census of Population 1951)	74,567
Density of Population (persons to the acre)	30.1
Rateable Value	£249,357
Sum represented by a Penny Rate	£1,031
Number of Births (Total)	1,620
Live Births	1,573
Birth Rate	21.7
Number of Deaths	879
Death Rate	11.8
Maternal Mortality Rate	0.6
Infantile Mortality	47.0
Zymotic Death Rate	0.24
Tuberculosis Death Rate	0.55

*To the Lord Mayor, Aldermen and Councillors,
of the County Borough of Cork.*

MY LORD MAYOR, ALDERMEN AND COUNCILLORS,

I beg to submit herewith my Annual Report on the State of the Public Health of the City during the year 1952. The general death-rate and the tuberculosis death-rate were the lowest so far recorded in our annals. The latter, in particular, is a matter for gratification, but may lead us into a sense of false security. There is every reason to believe that while *deaths* are decreasing *cases* may be on the increase and the rising trend in notifications of the disease tends to support this view. In the Foreword to this report I have dealt with this aspect of the problem and suggest that the means best calculated to achieve our objective may be summarised under four headings: (1) a more extended application of mass radiology; (2) an increased use of B.C.G. Vaccination; (3) isolation of all open infectious cases and (4) a more rapid provision of houses for the working classes. Tuberculosis is now our chief public health problem and we should bend all our energies to the task of its eradication.

There are two other matters that I would wish to advert to here. The first of these is the note contributed on page 11 by Mr. O'Connell on the Orthopaedic Service. There is no doubt that this service has been seriously hampered by the lack of adequate hospital facilities and it has now become imperative to press forward as rapidly as possible towards the completion of the Orthopaedic Hospital at Gurranebraher. The other relates to the remarks in the School Medical Section (page 70) concerning two cases of congenital heart disease operated on at St. Finbarr's Hospital. As pointed out by Dr. Corridan the establishment of a cardiological unit has become an urgent need. Such a unit existed in one of the City hospitals up to a few years ago under the direction of a specialist but it was closed down. This was regrettable as, for the first time, we had at our disposal active treatment for these pitiable cases of congenital heart disease. The re-establishment of such a unit is therefore, from our point of view, a matter of very great importance and I trust it will be proceeded with as speedily as possible.

I desire to thank those who have contributed to this report—Dr. P. F. Fitzpatrick, Prof. W. J. O'Donovan, Prof. H. N. Walsh, Mr. M. J. Riordan (Water Engineer), Mr. D. J. O'Sullivan (City Analyst), Mr. S. R. J. Cussen (Chief Veterinary Officer), Miss F. Coreoran who has been most helpful in the preparation of the report and in the correction of proofs and Miss M. O'Sullivan, on whom has devolved the responsibility of preparing the figures in the School Medical Section. I also wish to place on record my continued appreciation of the valuable weather reports contributed by Mrs. Dorothy West, Ballinacurra.

I have the honour to remain,

Your obedient servant,

J. C. SAUNDERS.

FOREWORD

VITAL STATISTICS

With the publication of Volume I of the census of 1951 it is now possible to state the definite figure for the present *population* of the city. This is 74,567 and represents a decline of 1,022 as compared with the last census (that of 1946). It is referred to in detail in Section I of this report. It is of interest to note that with the decline in the city population there has been a corresponding increase in the population of the suburbs. This increase is greater than the decline registered in the city population, between the census of 1946 and that of 1951, but it corresponds roughly to the decline which has occurred between the latter census and that of 1936. The *combined* city and suburban population now amounts to 112,000 persons. The marked congestion of Cork City, as compared with the other County Boroughs was again a prominent feature in the census tables and calls for an increased effort in the provision of new houses for the working-classes.

There was again no material change in the *birth rate*. At 21.7 per 1,000 of the population it represents a fairly substantial reduction on the figure at the beginning of the present century (27.2) but it has not varied very much over the past 25 years. The provisional figure for the whole country was 21.8 (the corresponding figure for England and Wales was 15.3).

The *death rate* at 11.8 per 1,000 was the lowest achieved so far in this area, the previous lowest being 13.0 recorded last year. Heart disease was again the principle cause of death (300 as compared with 341 in 1951). Cancer came next with 121 deaths, cerebral haemorrhage was third with 90 deaths and pulmonary tuberculosis next with 34. From being the principal cause of death the latter has now receded into fourth place. The figure (34) is the lowest ever recorded. The previous lowest was 41 in 1951.

The figure for *infant mortality* (47 per 1000 births) was disappointing in comparison with the low record figure of 38 in the previous year, but it was well below the average figure for this locality. Table 4 demonstrates the steady fall which has occurred in this figure over the years. The average for the decennium 1891/1900 was 134. For the 1941/50 decennium it had fallen to 81. The highest recorded figure was 152 in 1897. Of the 74 recorded deaths in 1952, very nearly half (32) fell under the heading of premature birth and congenital debility. It is apparent therefore that if there is to be any further reduction it will be effected only by tackling the problems which give rise to such deaths—a difficult and painstaking task. The various causes of infant mortality are discussed in Section VI and the role of diarrhoeal diseases in Section II (infectious diseases).

Under the heading *infectious disease* a considerable increase in notifications is recorded in comparison with the previous year, which increase was entirely due to mild epidemics of measles and scarlet fever.

Three deaths were attributed to measles (and none to scarlet fever). There were however two deaths from *diphtheria* which were the first recorded in a period of over six years. Considering that only five cases of this disease were notified altogether one realises how dangerous it can be. Diphtheria, with its insidious onset and its high fatality rate among

unprotected children, continues to be one of the most treacherous of all diseases of childhood. These two deaths serve as a warning against the danger of neglecting immunisation—neither of the two children was protected. Through immunisation we have all but succeeded in eradicating diphtheria but we seem, at the same time, to have induced a spirit of complacency among parents and others concerned that it is no longer a risk. These two deaths afford a rude awakening and shew us that there should be no relaxation in our efforts to protect the largest possible number of children each year by immunisation. It is only by such means that we can hope to keep the disease at bay.

Apart from the two deaths from diphtheria and the increased incidence of measles and scarlet fever the incidence of infectious disease generally was low.

EPIDEMIC DIARRHOEA

This disease was referred to in previous reports as the dark spot in our epidemiological record. It continues to be such. 136 cases were notified (there were 126 in 1951). Of the notified we succeeded in tracing 116 and of this number only four had been breast-fed. It is scarcely necessary to labour this point further except to emphasise the enormous responsibility incurred by those who (in the face of all scientific opinion) advise the abandonment of this method of infant feeding when not absolutely necessary. Many cases came to our notice in which the mothers themselves refused to nurse their infants even though quite capable of doing so but there are others in which the advice appears to have been given to them without real justification. We are not going to make any real progress in the problem of gastro-enteritis until there has been a marked re-orientation of ideas on the subject of natural feeding as against artificial feeding. It is up to the medical profession then, as well as to the midwives, to inculcate such ideas into their patients minds and to rid them of the notion that they can rear their infants as well on the contents of a carton or a tin. This will be preventive medicine at its best.

When one takes into consideration the marked strides which have been made in other countries towards inducing mothers to adopt a natural outlook on the matter of the feeding of their infants, one is put to shame by the unnatural (if not inhuman) attitude towards the problem which appears to be gaining ground in Ireland. One is forced to this unhappy conclusion by an examination of the notifications by midwives of the institution of artificial feeding. Under the heading of "reasons for substituting artificial feeding" we have received, in numerous instances, such explanations as: "mother refused to co-operate"; "mother would simply not be bothered" or simply "mother refused." We are now in the deplorable position when it is the exception rather than the rule to hear of a mother nursing her infant four to six weeks after birth. Contrast this with the outlook prevailing in a little country like Iceland. The following is an extract from a paper on the "Trend of Infant Mortality" in Iceland by Dr. Julius Sigurjonsson, Professor of Hygiene in the University of Iceland, which appeared in Bulletin of World Health Organisation (1950, 2, 723/730):

The marked and continuous decrease in infant death-rate in Iceland during the last one hundred years can be considered as part of a general improvement in the state of health of the nation, which has accompanied a tremendous improvement in the general standard of living and of sanitary conditions. There can be little doubt that the

medical profession has also played a significant part in this development. About one hundred years ago, there was only one doctor to every 7,000 to 8,000 inhabitants and the distances within each medical district were such that only a small number of people had ready access to a doctor. To-day there is one doctor to every 800 inhabitants. *Among other things, the doctors have successfully laid great emphasis on breast-feeding, and, according to the reports of the midwives, about 90 to 95 per cent. of infants are now breast-fed.**

What a happy position it would be if we could relate a similar story for this country. We would almost certainly be able to point to a very much reduced infant mortality and, in all probability, to a healthier and happier community. In this connection it should be mentioned that infant mortality in Iceland has been reduced from a figure of 250 per 1,000 in 1860 to 37.6 in 1945 while the incidence and death-rate from gastro-intestinal disorders were reduced from 160 and 10.4 respectively to 28 and 1.9 over the period 1911-1945. These are figures which should shake us out of any complacency we may feel about our achievements in this field.

TUBERCULOSIS

It is gratifying to be able to record a further reduction in the death-rate from this disease. The figure 0.55 per 1,000 is the lowest yet recorded. The main reduction has again been effected under the heading of pulmonary tuberculosis, the deaths from which were reduced from 41 in 1951, to 34 in 1952. There were 7 deaths from the non-pulmonary forms of the disease (as compared with 9 in 1951). The total number of deaths in 1952 therefore was 41 (as compared with 50 in the previous year). The general trend over the past 60 years may be readily obtained from an examination of the tables in Section III, which is devoted to a more detailed examination of the disease.

The reduction in deaths from tuberculosis over the years has been steady but slow and it is with satisfaction then that one notes the increasing rate of reduction in recent years. This may be regarded as due to the greatly increased bed accommodation and the improved methods of diagnosis and treatment which are now available, enabling the disease to be detected at an earlier stage and affording much brighter chances of recovery. These factors give us hope that further reductions are on the way but the ultimate elimination of the disease calls for whole-hearted co-operation from the public. Our greatest hope lies in the detection of the disease at the so-called "minimal lesion" stage when it is most amenable to treatment. This, unfortunately, is almost invariably symptomless and the victim does not become aware of anything wrong until the disease has advanced to a further and more difficult stage.

This characteristic has created special problems in diagnosis which, fortunately, can now be met, if not completely, at any rate, almost completely. One of the most effective weapons in the fight against tuberculosis is the more widespread use of *mass miniature radiology* (M.M.R.). If every member of the community could be induced to submit himself to this procedure three or four times a year it would be fair to say that (with the increasing number of beds at our disposal) we would be within ten or fifteen years of the elimination of tuberculosis, provided that at the same time, there was a universal extension of tuberculin testing and B.C.G. vaccination in the community.

*Italics mine (J. C. S.)

In M.M.R. and B.C.G. vaccination we have two proved weapons against tuberculosis of an efficiency which was not even dreamed of as recently as ten years ago. Too much emphasis cannot be placed on the fact that at the "minimal lesion" stage tuberculosis is most readily curable; because it not only responds most rapidly to ordinary measures such as rest, good food and fresh air but it is also readily amenable to direct attack by drugs such as streptomycin, which have been used with dramatic effect in these cases. At a later stage the reactions of the body tissues themselves are such as to shield the bacilli from the action of drugs. Unfortunately this stage is almost always entirely symptomless. Indeed it is commonplace to find persons in this stage who are apparently in perfect health and in full physical vigour. Many such cases have come to our notice as a result of routine check-up by M.M.R., they will almost certainly all be cured in the minimum time and without the intervention of disfiguring surgery.

"Symptomless tuberculosis" is a descriptive term often applied to this stage of the disease and it is self-explanatory. A person so affected presenting himself for medical examination would, in all probability, be passed as physically fit. This indicates that the underlying disease is so slight that it does not give rise to symptoms or physical signs that could be detected by ordinary clinical examination. The lesions can however be detected by X-ray examination, and hence the absolute need for its repeated application over the whole of the Community if we are to hope for the eventual elimination of the disease.

M.M.R. has already been introduced in Cork but the response has been very disappointing so far. Scarcely a tenth of the population availed of it. Even so, many cases with minimal lesions were detected and most of these are now back at work apparently cured. Many of them would probably have been dead but for M.M.R. In order to apply mass miniature radiology to the best effect every large centre of population should have a permanent outfit available at all times but, on the basis of previous experience, we doubt, if it would justify itself. It would be necessary to ensure that very much larger numbers used the plant before one would be justified in recommending the expenditure necessary to set up and maintain a centre.

Similarly in the case of B.C.G. vaccination, the response has been disappointing. It is difficult to explain this attitude of indifference on the part of our people. If there ever was a scourge permanently inflicted on this country, it surely has been tuberculosis, affecting as it does all ages and classes, and notwithstanding this, the people seem to ignore the remedies placed at their disposal. In the past we have been impressed with the economic burden imposed on the country by the treatment of the disease. That burden is a trifle compared with the financial commitments involved in its treatment to-day. If it can be shewn (as it can) that we have now in our hands the methods and means of wiping out tuberculosis but that they are useless because the people will not avail of them voluntarily, then the question of their compulsory application must come up for consideration sooner or later.

The last recorded outbreak of smallpox in this city occurred in the year 1871 when 1226 cases were reported and 267 deaths were registered. Since that time there has not been a single death from the disease and only eight cases were notified in the intervening years down to the present day

(*vide* Annual Report for 1946). At one time smallpox was rampant all over Europe. It has been abolished by vaccination, *but only when vaccination was made compulsory*. During the sixty years from 1891 pulmonary tuberculosis has killed 11,083* in this city alone, mostly young men and women. In comparison with this appalling total the deaths from smallpox are insignificant and yet the latter has been held in horror and detestation while the former has been accepted with resignation. The clue to this curious discrimination may possibly be found in the fact that smallpox was *known* to be a dangerous and highly contagious disease whereas tuberculosis was, until comparatively recent times, accepted as being a constitutional defect or decline and was not regarded as being infectious at all. Indeed it would appear that, with large sections of the public, it is still placed in the latter category. Tuberculosis is an infectious (and a highly infectious) disease and the sooner this becomes known to the whole community, the sooner we may be in a position to enforce the proper remedial measures against it.

In the main we know quite well what those measures are and if we fail to secure their adoption by voluntary means it only remains to enforce them by compulsion just as has been done in the cases of leprosy, smallpox, typhus and the other great scourges of the past. The first of these measures and one common to all infectious diseases is *isolation* as long as the patient remains infectious. In the case of tuberculosis this means as long as he continues to excrete tubercle bacilli. Hitherto this measure of control could not be applied to its full extent mainly for two reasons ; (a) because sufficient beds were not available to accommodate all the open infectious cases and (b) because for financial reasons breadwinners could not remain for sufficiently long periods in sanatoria to ensure that they became non-infectious and, in the case of mothers of families, because there was always the anxiety as to the welfare of her children. In regard to the former reason, we now seem to be within reasonable distance of having sufficient beds at our disposal to accommodate all such patients for as long as may be necessary. As regards the latter, the provisions of the *Infectious Diseases (Maintenance) Regulations* have now removed all anxieties on this score. This enactment fulfils all the requirements of Frost's dictum that the "the longest possible period of isolation for the open infectious case coupled with a generous measure of financial assistance for the dependent relatives" is the greatest single measure calculated to eliminate tuberculosis as a communal scourge. It is doubtful if any country has ever introduced a scale of financial benefits as generous as that now available to sufferers from tuberculosis in this country. These allowances have imposed an immense financial burden on the taxpayer and it is up to those who administer them to see that they are properly applied and properly utilised. During the past year a sum of £23,150 was paid out to beneficiaries under the Regulations (the corresponding figure for 1951 was £16,930 and that for 1950, £12,640). In addition to this sum £3,101 was spent on the provision of extra nourishment, £4,415 for clothing and £1,333 on beds and bedding. The total disbursements under all these headings amounted to the sum of £31,909. In this connection it seems appropriate to repeat what was said previously concerning this enactment that the full value of these provisions can never be fully realised until we are in the position to provide an institutional bed for every open infective case of tuberculosis. Then, and only then, can we reduce the figures for tuberculosis to the level of those for typhus, typhoid

*Vide Table 21.

and diphtheria. This objective must be kept before us the whole time. The fundamental idea behind the giving of financial assistance in tuberculosis is to enable dependents to maintain a moderately decent standard of living while the breadwinner is undergoing institutional treatment. We have not achieved this aim yet and its attainment calls for the most rapid advance possible in the provision of sanatoria.

The second measure for the elimination of tuberculosis has already been referred to in the remarks on mass miniature radiology. M.M.R. must be regarded as an integral part in the attack on the disease and indeed many authorities regard it as one of the most important. Of course, the full effect of M.M.R. will not be apparent until we are in the position to provide beds *immediately* on detection for the cases revealed. This is a *sine qua non*. The greater part of its benefits will otherwise be lost for it is essential that all these cases be put under active treatment at once. We must picture a state of affairs in the lungs under which a limited and curable condition of tuberculosis is going to become active, extensive and probably incurable if not attacked forthwith with the remedies which science has now put at our disposal. From this point of view one can regard with a certain amount of equanimity the complaints which are beginning to arise of empty beds in sanatoria. If there are such beds then it is the time to press forward with M.M.R. campaigns. There are many ambulant cases of active pulmonary tuberculosis in the community to-day, blissfully unaware of the danger hanging over them and it is our duty, for their sakes and for that of their potential victims, to detect them with the minimum of delay and having isolated them to proceed with their cure. Dr. Fitzpatrick has, in these pages, repeatedly drawn attention to this aspect of the problem and has warned against its neglect and if we have not stressed it before as strongly as we do now this was simply because the beds were not available. There is everything to be said in favour of M.M.R. So far as the individual victim himself is concerned the disease can be detected in the earliest detectable stage and he can be put under treatment with an assurance of cure which could not possibly be held out if the disease were detected later. Further, by so doing the patient is isolated at an early and probably non-infectious stage or, if infectious, he can be readily rendered non-infectious so that a further benefit is conferred on the community. M.M.R. is now undoubtedly an indispensable item in our armamentarium against tuberculosis. As mentioned above, the ideal for a place like Cork would be a fixed permanent plant available free of charge to all who may wish to use it, but such plant could not be regarded as a paying proposition unless in full use continuously—a state of affairs which, on the basis of our actual experience may be considered unlikely to come about for a long time.

That is the great tragedy of the times, that we know what the means are but cannot get the people to avail of them. It applies with equal force to the third of the great measures against tuberculosis—B.C.G. Vaccination.

It is now over forty years since Calmette and Guérin, the one a pathologist and the other a veterinary surgeon began the collaboration which had for its objective the production of a vaccine that would protect human beings against tuberculosis. They took a bovine strain of the organism and for thirteen years (over 230 generations) it was cultivated and sub-cultivated on a medium which caused a progressive loss of virulence for animals. The strain eventually became entirely non-virulent and

it failed to cause the formation of tubercles no matter what route of infection was selected. It was at this stage that it was first used in human beings. At first the method did not take on extensively and it was only in comparatively recent times that we have witnessed its use on what could be called an international scale. Curiously enough, it was not in France, the country of origin, that its use became most widespread but in Scandinavia, although in more recent times it has become compulsory in France for certain infants. Experience with this vaccine in Sweden, Norway and Denmark has been such that its employment is now universal and medical authorities in these countries (which have the lowest incidence and death-rates from tuberculosis) are satisfied that their present happy position is almost entirely due to its use.

It is not necessary to go into the highly complex processes by which nature meets the attack of the tubercle bacillus in the human body, beyond saying that when invaded certain defensive forces are called into action and that, if successful in warding off the attack, the tissues become "sensitised" so that in the event of another invasion later on these defensive forces are called into action immediately. This condition has been termed "allergy" and it can be roughly measured by the "tuberculin reaction". Tuberculin testing is an essential part of B.C.G. vaccination. A very small quantity of tuberculin is injected into the skin and if the subject reacts to it we know that he is already allergic and needs no further treatment. If the reaction is negative, it is necessary to administer B.C.G. vaccine. The effect of the vaccine is to produce this condition of allergy in the tissues so that a subsequent infection by the tubercle bacillus can be successfully dealt with.

Under modern conditions, especially in towns, it is inevitable that, sooner or later, everyone will become infected by the tubercle bacillus. Fortunately the majority of us deal with that encounter successfully and as a result become more and more resistant to it with the passage of time. The successful issue to such encounter is believed to be due to a number of factors the more important of which are (a) the number of bacilli inhaled; (b) their virulence and (c) the general health and specific resisting power of the individual. If the dose is small and the virulence low then the attack is successfully dealt with and the resistance to subsequent attacks is greatly increased. It is the function of B.C.G. to produce this increased resistance by administering what has been termed a controlled primary infection and bringing about a state of affairs achieved only haphazard in nature. In this respect its action is the same as all other vaccines which have been used for preventing disease.

In considering the somewhat dramatic reduction in the number of *deaths* from tuberculosis which has characterized recent statistics we are inclined to regard the general position with equanimity and to assume that there must be a corresponding reduction in *incidence*. This is a most dangerous and unjustifiable attitude of mind. In fact we have reason to believe that the contrary is the case. Two factors may be regarded as responsible for the reduction in deaths—increased bed accommodation and improved techniques in surgery and therapy. Indeed it could be argued from these facts that we have now more cases and consequently more risk of the disease being spread in ever widening circles. So far as we are concerned there is a certain amount of evidence to bear out this contention. It is to be seen in the increasing number of *notifications* received in recent years. The figure for 1952, which was 288, was the

largest so far recorded by us. It is imperative therefore that every possible measure should be adopted to keep the spread of the disease in check. Some of these measures have been alluded to above (increased isolation, financial assistance and M.M.R.) but they are all methods aiming at the cure or alleviation of established disease. In advocating the extended use of B.C.G. vaccination we are aiming at *prevention* which must, assuredly, be regarded as the most important measure of all.

Experience in Scandanavia has clearly indicated the efficacy of this method and it is now time that we pressed forward for its more widespread adoption here in Ireland. The National B.C.G. Committee has already done admirable work in this respect and up to date 137,164 children have been vaccinated in this country. Hitherto, the Committee has not adopted a vigorous campaign of propaganda, being content to familiarise the people gradually with the method. The above figure indicates how well it has taken on. So far as Cork is concerned, a unit has been working in the City for some months now and it must be frankly acknowledged that the response has been most disappointing—considering especially the vigorous campaign of propaganda which characterised the opening phases. In the schools the campaign has had a limited success, but it was in the factories and workshops (among the very persons most at risk) that the results have been most disappointing. We have received full co-operation from employers but the response from the workers has been very poor indeed. There is much uphill work in store before the prejudice and ignorance which have been opposed to B.C.G. vaccination can be overcome. This is all the more astonishing in a city like Cork with such an unenviable record in regard to tuberculosis.

It is intended to resume this campaign in the coming autumn and it is hoped that previous experience will help us to overcome the opposition we have already encountered and that the campaign will be brought to a more successful termination. So far 3,626 school children have been tuberculin-tested, of whom 1,059 yielded *negative* reactions. 1,047 of the latter received B.C.G. vaccinations. Although, as said above, the response in those factories which were approached was very disappointing it may perhaps be too soon yet to judge the real reaction of the workers to this plan, as it was late in the season when it was extended to them.

Any discussion on the measures calculated to meet the problem of tuberculosis would, of course, be quite incomplete without a reference to *housing*. That the housing shortage in Cork is acute was shewn by the survey recently undertaken which revealed that over 4,000 families (involving some 20,000 persons) required to be re-housed. This shortage of houses raises many problems—moral, physical and psychological. Here we are concerned only with the second and particularly in regard to its bearing on the spread of tuberculosis. Professor J. M. Mackintosh in his recent book *Housing and Family Life* has an important contribution to this subject.

“When we come to consider the home as the setting of the tragedy of tuberculosis, more light is thrown on the scenes as they unfold. Tuberculosis is, first and last, an infectious disease—a disease of inexorably progressing household epidemics. The house is always hard to incriminate when it is clear of a human source of infection. When it is inhabited by a person suffering from active tuberculosis, the chances of infection and of manifest disease in the other inhabitants of the household are greatly increased. The chances of both are greatest

where there is gross overcrowding or persistent close contact between the patient and one or more other members of the family. In this respect infants are the greatest sufferers, and adolescent girls come next."

Prof. Mackintosh cites various authorities dealing with different localities in which the facts elicited confirm the general belief in the association between bad housing and the spread of tuberculosis. There is, for example, a reference to enquiries carried out by Stein in Edinburgh and Glasgow which revealed a highly significant association between incidence and mortality of respiratory tuberculosis on the one hand and certain aspects of housing on the other. The close association between crowding and respiratory tuberculosis was brought out with great emphasis. "There is no doubt" Prof. Mackintosh goes on, "that household spread is a phenomenon of overwhelming importance in the epidemiology of tuberculosis. The spread of tuberculosis in the community is in great part the result of slowly progressive household epidemics which often lead to the transmission of the disease by contagion from one generation to another" (citing Topley and Wilson). It has been shown repeatedly that children, in households containing an adult suffering from pulmonary tuberculosis, are subject to a much higher mortality from tuberculosis than that experienced by other children of their age group.

All the known facts emphasise the paramount importance of housing in the spread of tuberculosis and no scheme for its elimination could be considered complete which did not incorporate the provision of new houses as an integral part. If only for this reason (and there are many others) we should press forward with every means at our disposal with our plans for the provision of more houses for the working classes.

The following note has been contributed by Dr. P. F. FitzPatrick, Deputy C.M.O. and Clinical Tuberculosis Officer.

The accelerated decline in the mortality rate from tuberculosis which began with the advent of streptomycin continues and potential reservoirs of infection have become eliminated by the timely discovery of the disease and the application of appropriate treatment. A similar decrease in mortality is apparent for all diseases of bacterial origin for which specific anti-bacterial remedies have been discovered.

It is a matter for regret that in this country tuberculosis in its downward trend has not kept pace with those other infectious diseases which, presenting at one time serious epidemiological problems, no longer give rise to concern. And with the continued flow of new antibiotics from the laboratories of the research workers one may be excused for thinking that that happy state will remain and that in our lifetime the difficulties attendant on drug resistance will continue to be successfully countered.

It cannot be denied that tuberculosis presents problems in control which are not common to other communicable diseases. That is the cause of our failure to eradicate tuberculosis quickly and while the principles which are put into practice for the control of bacterial disease, namely isolation and treatment can also be applied to tuberculosis, the character of this disease makes its discovery difficult and in many cases its final arrest impossible.

It has been emphasised many times in these columns that tuberculosis is an insidious disease, that it may and does frequently progress to a stage where irrevocable damage is done to the lungs and

subsequent permanent respiratory crippling follows, without causing symptoms which compel the sufferer to seek a doctor's advice. People are not ill with pulmonary tuberculosis until considerable harm is done.

It can truthfully be said that we have in our hands the weapons to reduce this disease to negligible proportions in a matter of a few years. The number of beds which have been made available for our patients has greatly increased and will continue to be increased. With the pooling of medical knowledge which takes place through the medium of scientific journals and conferences, what amounts practically to standardisation in treatment has been achieved. Our physicians and surgeons share in that pool of knowledge. The State is charitable and not ungenerous in its dealings with the dependants of the afflicted. What then is needed so that in this country we may contemplate our mortality figures for this disease and compare them with those for other countries similarly constituted without a feeling of misgiving?

The greatest single factor in the control of tuberculous disease is the discovery of the case in its early stages. Treatment may then be given which prevents the spread of infection and seals the lesions before irrevocable changes take place. Twelve months treatment which includes convalescence is usually enough under these conditions to ensure that the patient is fit to resume his work so long as this work does not entail heavy manual labour. The discovery of the disease at this early stage can only be ensured by searching among the members of the general public who believe themselves to be in normal health. Such examinations are provided for by the Mass Miniature Radiology Association.

During the year M.M.R. surveys were held in Cork and the public was invited to co-operate by submitting to X-ray examination. Propaganda was broadcast through the medium of the pulpit, schools and press, indicating the importance of this type of examination not only for the individual but also for the safeguarding of the general mass of the people. Upwards of twelve thousand persons had a Chest X-ray. That the radiology sessions did good cannot be denied and a number of cases in the early stages of the disease was found allowing for prompt and energetic treatment. It was however, a matter of considerable disappointment that more people did not attend. The fact must now be faced that people in general are not very interested in having a chest film and if they are to be encouraged to interest themselves in mass radiology it will be necessary to have recourse to a more personal approach. It is necessary that every individual who should have a chest X-ray, (and that means everyone), should be approached personally by some person who is sufficiently public minded to undertake work of this nature. We have amongst us health organisations and other bodies who are interested in the general welfare. Until such time as every factory, business house, locality, and every section of our population that (for the purpose of mass radiology) may be regarded as a unit, will have people who will work in this cause, who will personally canvas everyone, until such time as a person who refuses to have a Chest X-ray is regarded as a citizen who is not considerate of others. I see little hope for the complete success of the campaign against what is our greatest public health problem.

ORTHOPAEDIC SERVICE.

Mr. St. J. O'Connell has contributed the following note:

The orthopaedic service continued to expand during the year 1952. In particular the services afforded by the physiotherapy department were expanded. The chief obstacle to progress at present is the shortage of beds for the hospital treatment of orthopaedic patients and many of the cases seen at the orthopaedic clinic have had to be put on a long waiting list for admission to St. Finbarr's Hospital for the necessary treatment. Due to the fact that an orthopaedic instrument fitter is now resident in Cork a speeding up of the supply of appliances has occurred.

The orthopaedic clinic was held on the first Tuesday of each month throughout the year and the total number of attendances at these clinics was 214. Among these attendances there were 64 new cases. Sixteen cases of surgical tuberculosis and twenty cases of infantile paralysis were seen.

91 cases attended the physiotherapy department during the year, giving a total number of 1,834 attendances.

Analysis of cases treated at Physiotherapy Clinic.

Poor Posture and Respiratory Disturbance	11
Poliomyelitis	4
Rheumatism (Articular and Muscular)	13
Flat Feet	18
Pains due to injury or some other cause, stiffness, etc.	24
Manipulative treatments for Deformities	10
Cerebral Palsy	5
Peroneal Muscular Atrophy	1
Erbs Paralysis	1
Congenital Dislocation of Hip	1
Spondilitis Deformans	1
Other Conditions	2
Total	91

STAFF PUBLICATIONS.

I have pleasure in recording the following publications by members of the staff of the Public Health Department.

- (1) Dr. Michael Curtin—Infantile Clinical Hyperostosis (*Irish Journal of Medical Science*, July, 1952).
- (2) Dr. J. P. Corridan, Dr. P. F. Fitzpatrick and Dr. Michael Curtin—Idiopathic Pulmonary Haemosiderosis (*British Journal of Tuberculosis and diseases of the Chest*, October 1952).
- (3) Dr. Michael Curtin—Neonatal Diphtheria (*Archives of Disease in Childhood*, April 1953).

The appearance of these articles in journals of such distinction is a tribute to the high quality of the work submitted,

Section I.—Vital Statistics.

1.—Population.

The figures for the 1951 census are now available and show the population of the city to be 74,567 persons, of whom 34,715 were males and 39,852 females. There has been a further *decrease* (in this case of 1,022) which, added to the decrease of 5,170 recorded in the 1946 census yields a total reduction of 6,192 persons in the city population over this period.

The fluctuations of population which have occurred since the first available census are as follows :

1881	.....	.....	80,124
1891	.....	.....	75,345
1901	.....	.....	76,122
1911	.....	.....	76,673
1926	.....	.....	78,464
1936	.....	.....	80,765
<i>1941</i>	.....	.....	<i>76,834</i>
<i>1943</i>	.....	.....	<i>75,484</i>
1946	.....	.....	75,595
1951	.....	.....	74,567

The inter-censal figures for 1941 and 1943 (in italics) represent computations for the Registration of Population made in those years. In his Report in the Census of 1951 the Registrar General comments on the problems of definition which have arisen in connection with new housing schemes, whereby families are transferred from houses in towns to houses situated in the surrounding country. In such cases, when the town has legal boundaries and the new housing schemes are situated outside such boundaries, the census authorities have no option but to define new "towns". Such erections sometimes fail to achieve local recognition or even identification. When the town or village has no legally defined boundaries and when clusters of newly built houses are not far distant from the parent town the populations are usually included with the population of the town or village. Even when the towns have legal boundaries, comparisons of inter-censal changes of population for the identical areas may be misleading. Thus the population of Cork County Borough will be seen to have *declined* from 75,595 to 74,567 (or by 1.4 per cent.) between 1946 and 1951. When, however, the adjacent North City and South City suburbs are included the population of the city and suburbs *increased* from 108,022 to 112,009 or by 3.7 per cent. in the last inter-censal period. This problem is especially acute in the larger expanding conurbations.

It has, of course, been evident for many years that the city has been expanding (particularly in a southern direction) with greatly increased rapidity. Expansion in other directions too has been evident and in order to judge the full effect of this it is helpful to know the location and delimitation of these suburbs. They are defined in the census report as follows :

North City Suburbs : The townlands of Ballinamought East (otherwise Montenotte), Lota Beg, Ballyvolane, Closes, Commons, Coppingers Acre, Farranferris, Gurranebraher, Kerryhall, Kilbarry, Kihap, Knockfree.

Knocknabohilly, Knocknaheeny, Knockpogue, Mount Desert, Parknaglantane, Shanakiel. The entire North City Suburbs contain 9,835 persons and have increased in population by 6.6 per cent. since 1946.

South City Suburbs comprise the townlands of Ardarrig, Ballybrack, Douglas, Grange, Maryboro, Monfieldstown, Mounthovel and Donnybrook. They are contained in the District Electoral Divisions of Bishopstown and Blackrock. The entire South City Suburbs contain 27,607 persons and have increased in population by 19.0 per cent. since 1946.

On the basis of these figures it is computed that the actual *increase* in population in each of these suburbs during the inter-censal period was as follows :

North City Suburbs	.....	600
South City Suburbs	..	4,400
		<hr/>
Total	.....	5,000 persons

which is almost exactly the amount by which the City population decreased.

The total City and Suburban population, as ascertained by the 1951 Census is therefore :

County Borough	..	74,567
North Suburbs	...	9,835
South Suburbs	....	27,607
		<hr/>
Total	....	112,009

This is a fairly close approximation to the computation which was ventured in last year's report and which put the figure as being somewhere between 100,000 and 110,000. It is obvious that the population is now moving, and moving with increased rapidity, out of the narrow and confined river valley which has constituted Cork City since its foundation until very recent times. This is all to the good. Cork has always been a congested city, in which respect it has compared unfavourably with the other County Boroughs and any movement outwards is almost sure to be reflected in improved health statistics. Among other interesting features the Census Report gives the *density of population* in the various conurbations. For the four County Boroughs the figures (which indicate the number of persons to the acre) are,

Dublin	..	23.8 (23.1)
Cork	...	29.6 (30.1)
Limerick	....	10.7 (20.7)
Waterford	.....	14.5 (14.3)

The figures in brackets relate to the findings in the 1946 Census. It is to be noted that we occupy an unenviable position. The marked reduction in the Limerick figure was brought about by an expansion of the Borough boundary in the intervening period. In this respect such figures may be deceptive. A similar extension of the Cork Borough Boundary would bring about a corresponding reduction in our figure for congestion without any real relief of it, but, as pointed out in last year's report, there is no real doubt that our geographical position has entailed a high degree of real congestion in the past, from which we are now only beginning to emerge. Consideration of facts such as this, taken in conjunction with other more specific health problems (such as the eradication of tuberculosis) call for an added effort in the provision of more houses in the outlying areas.

For Public Health and Home Assistance purposes, the city is divided into seven Dispensary Districts the respective populations of which have been shewn to be.

District	General Location	Persons
No. 1	North East	13,035
„ 2	North (part of)	9,467
„ 3	North (part of)	9,020
„ 4	North West	8,591
„ 5	Centre	5,988
„ 6	South West	10,204
„ 7	South East	18,253
Total		74,567

A comparison of the corresponding figures in the two census years is of some little interest.

District	1946 Census	1951 Census	Relation
1	13,120	13,035	— 85
2	9,721	9,476	— 345
3	8,955	9,020	+ 65
4	8,193	8,591	+ 398
5	6,706	5,988	— 718
6	10,514	10,204	— 310
7	18,386	18,253	— 133

Table 1.—Cork City Population Census 1952. Age and Sex Grouping.

Age Group	Males	Females	Total
Under 1 year	817	792	1,609
1-4	3,021	2,970	5,991
5-9	3,305	3,218	6,523
10-14	3,395	3,255	6,650
15-19	3,130	3,428	6,558
20-24	2,799	3,086	5,885
25-29	2,597	3,075	5,672
30-34	2,199	2,684	4,883
35-39	2,136	2,771	4,907
40-44	2,127	2,498	4,625
45-54	3,737	4,448	8,185
55-64	2,599	3,539	6,138
65-69	1,070	1,445	2,515
70-74	938	1,342	2,280
75-84	788	1,131	1,919
85 and over	57	170	227
Totals	34,715	39,852	74,567

2.—Births.

There are two methods by which births are computed, registration and notification. *Registration* refers to the obligation on the parent or other responsible person to lay the necessary facts before the Registrar of Births, Marriages and Deaths (in this country the local Dispensary doctor) within the statutory period of 42 days. *Notification* relates to a similar legal obligation to inform the Chief Medical Officer within 36 hours of the birth. In practice it is the midwife who notifies the Medical Officer. The object of notification is to enable the local authority to afford advice and assistance to the parents if called for. Either may be used for estimating the number of births and calculating certain rates arising from it. Registration is regarded as slightly more accurate since it takes into consideration births which have taken place outside the district concerned and have not come to notice of the authorities. The number of such births is not large and it makes no significant difference to the rates emerging from the figures. Notification is more convenient since the information is to hand very much earlier and accordingly vital statistics can be computed more rapidly.

The total number of births *notified* in Cork during 1952 was 1,620 of which 1,573 were live births. There were therefore 47 still born babies. These still-born babies represent a serious social problem. Neo-natal deaths now represent the great bulk of our infant mortality and if they could be obviated the latter would dwindle to vanishing point. The birth-rate represented by the above figure was 21.7. The general trend of the birth is shewn by the following figures :

1881-90	26.2
1891-1900	27.2
1901-10	26.0
1911-20	24.7
1921-30	23.5
1931-40	22.6
1941-50	23.3
1951	21.8
1952	21.7

The birth-rate in 1950 was 21.4. The birth-rate for the whole country was 21.2. The birth-rate for Cork City for each year from 1881 to 1950 is set out in the report for 1950.

For various reasons, in many parts of the country, the general trend has been for mothers to arrange for their confinements to take place in maternity hospitals and private homes. The particulars set out in the following tables have been obtained from the forms of notification :

Table 2.—Proportion of Children born in Parents homes.

Year	Total Notifications	No. Born at Home	Proportion to Total Notified Births
1944	1,754	1,041	59.3 per cent.
1945	1,710	875	51.1 „
1946	1,797	968	54.3 „
1947	1,850	1,021	55.1 „
1948	1,823	1,130	61.5 „
1949	1,670	930	52.8 „
1950	1,628	855	52.4 „
1951	1,651	861	52.1 „
1952	1,620	694	42.8 „

It is difficult to assess the relative merits in the two cases. Statistically it has been shewn that it is safer for the mother to be confined at home from the point of view of infection and mortality but, in the past at any rate, the higher mortality in institutional practice was, no doubt, in part related to the more difficult cases undertaken. From the infants point of view (if it may be stated thus) there is no doubt as to which is the more favourable environment.

The number of illegitimate births notified during the year was 14 representing 0.8 per cent. of the total *notified* births. The corresponding figure for the previous year was 16 being 0.9 per cent. of the total births.

3.—Deaths.

879 deaths have been assigned to this area in the *Annual Summary* of the Registrar General for 1952. This is equivalent to a crude death rate of 11.8 per 1,000 of the population. There is some discrepancy between our figures collected locally (shewn in Table 4) and those of the Registrar General. This discrepancy has persisted in successive years and has been previously alluded to. According to our records the number of deaths was 865 (compared with 989 in the previous year). The difference, it is to be assumed, is explained by the occurrence of deaths in other places of persons normally resident in Cork, of which deaths we would be unaware.

Table 3.—Crude death rates per 1,000 persons living for Cork City and Eire (rates from 1881 to 1950 expressed as decennial averages) :—

PERIOD	CORK	EIRE
1881–1890	24.2	17.5
1891–1900	24.8	17.6
1901–1910	21.2	16.9
1911–1920	19.6	16.6
1921–1930	16.2	14.4
1931–1940	15.0	14.1
1941–1950	15.3	13.9
1951	13.0	14.3
1952	11.8	11.9

Table 4.—Infant Mortality (figures from 1881 to 1950 expressed as decennial averages).

PERIOD	Births	Deaths Under 1 Year	Deaths per 1,000 Births*
1881–1890	2,096	255	120
1891–1900	2,072	278	134
1901–1910	2,032	254	125
1911–1920	1,826	209	114
1921–1930	1,853	157	85
1931–1940	1,829	152	83
1941–1950	1,749	142	81
1951	1,616	62	38
1952	1,553	74	47

* To nearest whole number.

Individual figures for each year in both of these tables are set out in the Report for 1950 and for previous years.

Table 4 is an analysis of the deaths recorded during the year. This table is compiled from weekly returns collected by us from the Registrars of Deaths in each of the dispensary districts. It is based on Abstract V. of the Registrar General's Annual Report but differs from it in certain respects. It has been our practice to split up "other forms of tuberculosis" under headings appropriate to the site of the disease and similarly "other defined diseases" are assigned to various more definitely defined causes. Long experience in handling these returns, causes considerable doubt as to the validity of the assigned cause of death in a great many instances and, consequentially, to the statistics arising therefrom. However, taking them by and large over the years, one must suppose that they represent trends and, as such, are of some value. They are presented for what they are worth. The number of deaths in this table amounts to 865. The *Annual Summary* of the Registrar General assigns 879 deaths to Cork City, a difference of 14. Each year a discrepancy occurs between the two sets of figures which is very difficult to explain.

Table 5.—Analysis of Causes of Death at different age-periods during the year 1952.

Causes of Death	TOTAL	Sex		Un. 1 yr.	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and up
		M.	F.											
As	3	1	2	2	1	—	—	—	—	—	—	—	—	—
Bacteria	2	1	1	1	1	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	1	1	—	—	—	—	—	—	—	—	—	—
Who-Spinal Fever	7	4	3	5	1	—	—	—	—	—	1	—	—	—
Primary Tuberculosis	34	27	7	—	—	—	1	2	10	5	12	4	—	—
Tuberculosis	7	5	2	3	1	—	—	1	—	—	2	—	—	—
Respiratory	121	56	65	—	2	—	—	—	8	16	26	52	14	3
Heart	2	1	1	—	—	—	—	—	—	1	—	—	1	—
Cranial Lesions of														
Cerebral Origin	90	35	55	—	—	—	—	—	2	8	26	36	12	6
Disease	300	146	154	1	2	1	4	1	5	19	40	118	91	18
Arterio-Sclerosis	25	16	9	—	—	—	—	—	—	—	2	9	13	1
Arthritis	21	10	11	3	1	—	—	—	1	1	3	6	6	—
Who-Pneumonia	25	15	10	10	1	—	1	—	—	—	2	6	5	—
Pneumonia	12	6	6	3	1	—	—	—	1	1	1	2	1	2
Respiratory Diseases	18	7	11	3	—	—	—	—	—	1	4	7	3	—
Ulcer	9	7	2	—	—	—	—	—	1	1	4	3	—	—
Enteritis	5	3	2	5	—	—	—	—	—	—	—	—	—	—
Colic	1	1	—	—	1	—	—	—	—	—	—	—	—	—
Arthritis	21	11	10	—	1	—	—	—	2	3	4	6	5	—
General Causes	1	—	1	—	—	—	—	1	—	—	—	—	—	—
Senility, etc.	32	17	15	32	—	—	—	—	—	—	—	—	—	—
Infant Deaths	27	11	16	—	2	2	2	—	—	2	3	12	4	—
Infancy	29	12	17	—	—	—	—	—	—	—	—	6	17	6
Who-Urinary	11	11	—	—	—	—	—	—	—	—	—	7	4	—
Hypertension	9	3	6	—	—	—	—	—	—	1	2	4	2	—
Who-Intestinal	10	5	5	—	1	—	1	—	—	1	3	1	2	1
Central Nervous System	6	3	3	—	—	1	—	2	1	—	1	1	—	—
Meningeal Haemorrhage	6	3	3	—	—	—	—	—	1	3	2	—	—	—
Diseases	7	2	5	—	1	2	—	1	—	1	—	1	1	—
Diabetes	2	1	1	—	—	—	—	—	—	1	1	—	—	—
Miscellaneous	21	10	11	5	1	1	—	—	2	3	2	4	2	1
TOTALS	865	430	435	74	18	7	9	8	34	68	141	285	183	38

The figures in this table are computed from returns of weekly deaths by the District Registrars, they have not been corrected for *inward transfers* and accordingly do not correspond with the returns of the Registrar General.

The principal causes of death (in order of importance) were as follows :—

1. Heart Disease	..	...	300	(341)
2. Cancer	...	...	121	(125)
3. Cerebral Haemorrhage	...	...	90	(62)
4. Pulmonary Tuberculosis	...	...	34	(41)
5. Prematurity, etc.	...	...	32	(38)
6. Senile Decay	...	...	29	(36)
7. Violence	...	...	27	(24)
8. Broncho-pneumonia	...	...	25	(32)
9. Arterio-Sclerosis	.....	.....	25	(37)
10. Bronchitis	...	...	21	(31)
11. Nephritis	...	...	21	(23)
12. Lobar Pneumonia	...	...	12	(25)

The figures in brackets denote the corresponding numbers last year.

Cardiac Disease. As usual this condition accounts for the great bulk of the deaths. Stress has been laid on deaths from heart disease and allusion made to the fact that the majority of them are found to be recorded in the later age-groups which gives rise to the supposition that they represent a degenerative condition rather than an infective one. This feature has been reproduced this year as shewn in the following table.

Table 6.—Analysis of deaths from heart disease.

Year	Under 5 years	5/15 years	15/25 years	25/35 years	35/45 years	45/55 years	55/65 years	65/75 years	75 yrs and up	Total
1932	—	6	2	9	17	39	50	99	36	258
1933	—	2	4	5	15	31	58	83	42	240
1934	1	3	4	5	20	17	66	103	39	258
1935	2	3	1	7	11	29	63	93	36	245
1936	4	3	3	7	6	32	64	98	48	265
1937	—	5	6	9	16	24	72	112	64	308
1938	1	2	2	2	13	35	67	106	76	304
1939	—	1	4	2	12	27	63	108	61	278
1940	2	—	5	4	12	21	66	109	74	293
1941	—	3	2	6	12	22	82	108	71	306
1942	1	1	1	5	11	25	74	131	68	317
1943	—	1	7	4	16	28	81	133	79	349
1944	1	1	3	5	13	35	63	155	114	390
1945	—	3	6	4	12	24	62	123	83	317
1946	1	1	7	8	14	18	65	115	101	330
1947	—	1	3	5	13	31	71	146	92	362
1948	—	2	2	2	6	27	74	111	87	311
1949	1	5	2	5	9	27	61	111	125	346
1950	—	—	4	5	8	23	51	129	114	334
1951	—	1	1	6	9	26	58	130	110	341
1952	3	1	4	1	5	19	40	118	109	300
Totals	17	45	73	106	250	560	1351	2421	1629	6452

Table 7.—Trend of mortality from the three principal causes of death in Cork City from 1932.

Year	Condition		
	Heart Disease	Cancer	Pulmonary Tuberculosis
1932	258	98	111
1933	240	114	106
1934	258	111	107
1935	245	133	115
1936	265	121	85
1937	308	117	96
1938	304	106	99
1939	278	143	86
1940	293	114	96
1941	306	125	88
1942	317	149	106
1943	349	120	107
1944	390	123	118
1945	317	116	86
1946	330	92	79
1947	362	120	126
1948	311	130	81
1949	346	117	69
1950	334	100	66
1951	341	125	41
1952	300	121	34

Cancer. The number of deaths attributed to this disease recorded by us was 121 as compared with 125 in the previous year. The corresponding figures of the Registrar-General are 112 (uncorrected) and 120. The discrepancy observable here, no doubt, is due to a difference in classification, all forms of malignant disease being classed by us under this heading. For comparative purposes the Registrar-General's are the more correct figures. On the basis of 112 deaths the rate was 1.5 per 1,000 of the population.

Phthisis Death Rate. The deaths from pulmonary tuberculosis numbered 34 equivalent to a rate of 0.45 per 1,000 of the population. The corresponding figures for last year were 41 and 0.54 per 1,000 respectively.

Infant Mortality. The number of deaths of children under one year of age was 74 which is equivalent to a rate of 47.0 per 1,000 live births. In the previous year the number of deaths was 62 and the rate 38 per 1,000. The contributory factors are discussed in Section IV.

Maternal Mortality. There was 1 death from causes under this heading during the year. The maternal mortality rate was 0.62.

Infectious Disease Death Rate. The number of deaths from the principal infectious diseases was 18 equivalent to 0.24 per 1,000 of the population. Of the deaths so recorded 5 were due to gastro-enteritis, and 1 to whooping cough, 7 to cerebro-spinal fever, 2 to diphtheria,

Table 8.—Deaths from the principal epidemic diseases during the past ten years.

Year	Typhus Fever	Typhoid Fever	Scarlatina	Puerperal Fever	Diphtheria	Measles	Diarrhoea	Whooping Cough
1942	—	—	—	—	21	—	52	2
1943	—	—	—	1	17	—	52	4
1944	—	—	—	2	5	6	65	28
1945	—	—	—	—	3	—	50	—
1946	—	—	—	—	2	4	18	—
1947	—	—	—	—	—	—	32	5
1948	—	—	1	—	—	—	19	5
1949	—	—	—	—	—	4	43	4
1950	—	—	—	—	—	—	19	1
1951	—	—	—	—	—	—	6	—
1952	—	—	—	—	2	3	5	1

Deaths from Violence. In the 27 recorded instances the cause of death was as follows :—

Falls	.....	.....	14
Motor Vehicles	.....	.....	3
Drowning	.....	.....	3
Burns	.....	.....	4
Miscellaneous	.....	.....	3

The number of deaths attributed to motor car accidents in *previous* years is as follows :—

1934	.....	4	1943	.....	3
1935	.....	7	1944	.....	1
1936	.....	6	1945	.....	0
1937	.....	6	1946	.....	6
1938	.....	2	1947	.....	6
1939	.....	2	1948	.....	4
1940	.....	3	1949	.....	1
1941	.....	3	1950	.....	3
1942	.....	4	1951	.....	4

Table 9.—Deaths from certain infectious and other diseases (*expressed as decennial averages from 1881 to 1950 to present date :—*

PERIOD	Smallpox	Measles	Scarlet Fever	Typhus	Wh. Cough	Diphtheria	Typhoid	Diarrhoea	Pulmonary Tuberculosis	Non-Pul. Tuberculosis	Pneumonia	Cancer	Violence	Prin-Zymotic Diseases (Rate Per 1,000)
1881-1890	—	33	17	31	35	7	13	47	266				11	2.4
1891-1900	—	22	5	8	30	4	14	51	281				17	2.0
1901-1910	—	6	5	3	29	8	8	52	278				20	1.5
1911-1920	—	16	5	1	22	16	5	50	202	70	124	71	19	1.5
1921-1930	—	15	3	0.5	16	28	2	25	135	32	86	86	31	1.2
1931-1940	—	5	3	—	7	12	0.5	43	102	26	47	115	26	0.8
1941-1950	—	2	1	—	5	5	—	39	92	20	20	119	24	0.5
1951	—	—	—	—	—	—	—	6	41	9	25	125	24	0.6
1952	—	—	—	—	1	2	—	5	34	7	12	121	27	0.2

Figures for the individual years are set out in the Annual Reports for 1950 and previous years.

Section. II.—Infectious Diseases

The various enactments, referred to in previous reports, covering the notification of infectious disease have been repealed by the Public Health Act 1947 and have been replaced by the Infectious Diseases Regulations, 1948, the second schedule of which specifies the following diseases to be infectious diseases :

Acute Anterior Poliomyelitis	Paratyphoid A.
Anthrax	Paratyphoid B.
Brucellosis (undulant fever)	Pemphigus Neonatorum
Cerebro-Spinal Fever	Plague
Cholera	Psittacosis
Diphtheria	Puerperal Pyrexia
Dysentery	Puerperal Sepsis
Encephalitis Lethargica	Rubella
Epidemic Diarrhoea and	Scabies
Enteritis	Scarlet Fever
Erysipelas	Smallpox
Gonorrhoea	Soft Chancre
Haemorrhagic Jaundice	Syphilis
(Weil's Disease)	Tinea Capitis
Infective Hepatitis	Tuberculosis
Infective Mononucleosis	Trachoma
Influenzal Pneumonia	Typhoid
Malaria	Typhus
Measles	Whooping Cough
Ophthalmia Neonatorum	Yellow Fever

Primary Pneumonia was removed from the Schedule of Infectious Diseases by the Infectious Diseases Amendment Regulations, 1949.

General.

Notifications of infectious disease received during the year amounted to 1,195 (the corresponding figure for the previous year being 486). This large increase is accounted for entirely by increases in *scarlet fever* and *measles*, both of which occurred in epidemic form during the year. The number of cases of scarlet fever notified was 216 (as against 31 in the previous year) and of measles, 742 (the corresponding figure in 1951 having been 36). These two diseases between them more than accounted for the total increase in notifications during the year. Both were relatively mild in character. There was no death from scarlet fever. Three deaths from measles were recorded (two of which occurred in children under one year of age). The fatality rate was 0.4 per cent. The only other disease, under this heading, occurring in significant numbers was the so-called *epidemic diarrhoea* of which 136 cases were reported.

Deaths from infectious disease numbered 18. They occurred under the following headings :

Disease	1952	1951	1950	1949
Gastro-enteritis	5	6	19	43
Measles	3	—	—	4
Whooping Cough	1	—	1	4
Influenza	—	37	9	6
Encephalitis	—	—	1	2
C. S. Fever	7	5	4	—
Diphtheria	2	—	—	—

DIPHTHERIA.

Five cases were reported during the year which is the lowest number ever recorded but the sequence of six consecutive years without a death from the disease was unhappily broken by the occurrence of two such deaths during the year. In one instance the victim was an infant 8 months old ; the other was a child of three years. Neither of these children was immunised. In the former case the infant was the youngest of three children: the two elder children had been immunised some three years previously. In the other, the child was three years of age. These two deaths illustrate very clearly the treacherous nature of diphtheria, and the need for protecting all infants against the disease. In both cases the disease had an insidious onset and had advanced too far for treatment before medical aid was summoned.

Table 10 DIPHTHERIA. Incidence, morbidity and fatality rates from 1890 (expressed as decennial averages to 1950) :—

PERIOD	Cases	Morbidity *	Deaths	Fatality †
1890-1899	17	0.22	5	29.4
1900-1910	30	0.39	7	23.0
1911-1920	68	0.89	11	16.1
1921-1930	384	4.96	28	7.3
1931-1940	147	1.85	18	12.2
1941-1950	117	1.53	6	5.1
1951	6	0.09	0	—
1952	5	0.06	2	40.0

* Representing the number of cases per 1,000 population.

† Expressed as the number of deaths per 100 recorded cases.

The figures for each of the individual years embraced in this table are available in the reports for the year 1950 and the years preceding.

Diphtheria Immunisation.

The total number of children who completed the full course of treatment during the year was 3,162.

Table 11.—Attendance of new cases at Diphtheria Prevention Clinic.

Year	Primary Schick Negative	Completed Full Course	Total	Not Completed Course
1929	—	1,802	1,802	—
1930	154	2,857	3,011	505*
1931	324	1,777	2,101	436
1932	91	422	513	208
1933	159	592	751	61
1934	826	1,716	2,542	432
1935	173	1,118	1,291	8
1936	458	1,741	2,199	22
1937	165	960	1,125	212
1938	106	708	814	205
1939	87	355	442	69
1940	87	552	639	90
1941	109	576	685	60
1942	367	3,795	4,162	891
1943	306	1,081	1,387	321
1944	80	654	734	99
1945	106	622	728	145
1946	67	454	521	103
1947	154	633	787	103
1948	198	724	922	178
1949	51	909	960	212
1950	76	1,050	1,126	393
1951	142	1,300	1,442	488
1952	—	3,162	3,162	917
Totals	4,286	29,560	33,846	6,158

* Includes figures for *both* 1929 and 1930

The figures for primary Schick tests in this table do not represent the *total* number of such tests performed but merely the number that proved *negative*. They are stated here for the purpose of estimating the number of children who have passed through our hands and who may be regarded as presumably immune. The total number of primary tests performed during the year is set out in the following table.

Table 12.—Primary Schick Tests. Analysis showing proportion positive in each year.

Year	Number Tested	Positive	Negative	Proportion Positive
1929-30	1170	916	254	78.2 per cent.
1931	598	274	324	45.8 "
1932	301	210	91	69.7 "
1933	435	276	159	63.4 "
1934	1474	648	826	44.0 "
1935	309	136	173	44.0 "
1936	626	168	458	26.8 "
1937	266	101	165	38.0 "
1938	152	46	106	30.2 "
1939	110	23	87	20.9 "
1940	131	34	87	25.9 "
1941	146	37	109	25.3 "
1942	686	319	367	46.5 "
1943	306	107	199	34.9 "
1944	108	28	80	25.9 "
1945	181	75	106	41.4 "
1946	86	19	67	22.1 "
1947	659	505	154	76.8 "
1948	673	475	198	70.5 "
1949	68	17	51	25.0 "
1950	78	2	76	2.5 "
1951	179	37	142	20.7 "
1952	—	—	—	—

Apart from record purposes this table is of little value as, obviously, the proportion of *positive* reactions will depend almost entirely on the

age constitution of the groups of children tested and as this factor will fluctuate widely from year to year, so also will the results vary from one year to another. In this respect the next table is more informative as the results in the different years have been analysed in accordance with the age groups of the children.

Table 13.—Primary Schick Tests. Proportion positive in the age-groups :—

Period	Proportion POSITIVE (expressed as percentages)			
	0-5 years	5-10 years	10 and over	Whole Group
1929/30	—	—	—	78.2
1931	—	—	—	45.8
1932	88.4	60.1	37.7	69.6
1933	79.7	63.3	28.9	63.4
1934	65.8	44.2	27.5	44.0
1935	66.6	49.5	30.3	44.0
1936	66.6	41.5	15.5	25.2
1937	—	43.8	33.0	37.9
1938	—	25.0	35.7	30.2
1939	50.0	28.6	18.4	20.9
1940	25.0	20.4	32.9	25.9
1941	—	30.9	22.2	25.3
1942	25.0	45.2	47.6	46.5
1943	83.0	28.0	34.8	34.9
1944	—	12.0	29.2	25.9
1945	55.5	30.7	42.4	41.4
1946	50.0	28.5	19.0	22.1
1947	91.9	28.5	5.4	76.8
1948	90.0	29.7	3.6	70.5
1949	33.3	45.8	12.2	25.0
1950	—	4.3	1.8	2.5
1951	100.0	36.0	12.5	20.7
1952	—	—	—	—

The *total number of cases* dealt with, (according to age-groups) is shewn in the following figures.

(1) Treatment Incomplete—

0 - 1	.....	.....	.....	.....	76
1 - 2	.....	.....	.....	.....	117
2 - 3	.....	.....	.....	.....	58
3 - 4	.....	.....	.....	.....	58
4 - 5	.....	.....	.....	.....	101
5 - 10	.....	.....	.....	.....	389
10 and over	.....	.....	.....	.....	118

917

(2) Treatment Complete—

0 - 1	.....	.....	.....	.....	402
1 - 2	.....	.....	.....	.....	389
2 - 3	.....	.....	.....	.....	174
3 - 4	.....	.....	.....	.....	166
4 - 5	.....	.....	.....	.....	335
5-10 years	.....	.....	.....	.....	1544
10 and over	.....	.....	.....	.....	152

3,162

Total New Cases Treated

... 4,079

Old cases treated

... 1,482

Total 5,561

Table 14.—Secondary Schick Tests.

Year	Total	Negative	Positive	Proportion Negative
1930	805	752	53	94.6 per cent.
1931	1166	991	175	85.2 "
1932	913	858	55	92.8 "
1933	893	801	92	89.0 "
1934	1105	1058	47	95.7 "
1935	1405	1388	17	98.8 "
1936	1272	1259	13	98.9 "
1937	732	722	10	98.6 "
1938	581	498	83	85.7 "
1939	215	205	10	95.3 "
1940	353	350	3	99.1 "
1941	488	464	24	95.0 "
1942	2,409	2,248	161	93.3 "
1943	1,232	1,178	54	97.2 "
1944	398	378	20	94.9 "
1945	484	479	5	98.9 "
1946	295	292	3	98.9 "
1947	364	360	4	98.9 "
1948	647	644	3	99.5 "
1949	627	—	—	100 "
1950	725	720	5	99.6 "
1951	613	615	2	99.6 "
1952	—	—	—	—
Totals ...	17,726	16,887	839	95.3 per cent.

SWAB EXAMINATIONS.

The following figures indicate the number of swabs examined in connection with the control of diphtheria since 1928.

Year	No. Examined	Year	No. Examined
1928	980	1940	747
1929	1,353	1941	711
1930	2,872	1942	3,509
1931	1,936	1943	3,237
1932	1,022	1944	1,546
1933	878	1945	1,363
1934	1,203	1946	856
1935	924	1947	520
1936	633	1948	499
1937	1,092	1949	406
1938	1,124	1950	450
1939	714	1951	423

EPIDEMIC DIARRHOEA

136 notifications were recorded during the year. This figure is a increase of 10 over that for the previous year. It represents a morbidity rate of 1.8 per 1,000. The deaths numbered 5, yielding a fatality rate of 3.7 per cent. of cases notified and a mortality rate of 0.08 per 1,000 population. The main factors in the causation of this disease, one of the most serious in childhood, have been referred to repeatedly in these reports and need not be laboured again. The principal existing cause is, of course, the substitution of bottle-feeding for breast-feeding and the subsidiary causes (arising from this) are unhygienic milk production and distribution, unsuitable methods of feeding, ignorance or carelessness in the preparation of feeds, insanitary surroundings and over-crowding. The dangers arising from these secondary causes can be entirely eliminated by the adoption of breast feeding. The results obtained by distributing the figures into months and quarters (according to date of occurrence) is shewn in the sub-joined tables :—

Month	Cases	Deaths	Month	Cases	Deaths
Jan.	5	1	July	10	1
Feb.	7	—	Aug.	26	—
March	7	1	Sept.	19	
April	7	—	Oct.	13	1
May	15	—	Nov.	4	—
June	17	1	Dec.	6	—

The distribution according to *quarters* was as follows

	Cases	Deaths
1st Quarter	19	2
2nd „	39	1
3rd „	55	1
4th „	23	1

Many cases of gastro-enteritis are indeed not true cases of epidemic disease but arise from dietetic indiscretions on the part of those responsible for the feeding of the infant. Cow's milk, once more, has been associated in marked degree with the incidence of the disease.

It has already been stated that 136 notifications were received but of these we failed to trace 20 in the investigations which followed. Subtracting this number we were left with a residue of 116 cases traced and investigated. Of these four only were breast-fed. These figures speak for themselves. In conjunction with the corresponding figures for each year since 1935 they are analysed in the next table.

Year	Number of Cases according to Manner of Feeding			Cases Untraced	Total
	Breast	Cow's Milk	Dried Milk		
1935	18	128	6	26	178
1936	7	198	5	16	261
1937	18	204	8	51	246
1938	14	108	5	15	142
1939	9	148	13	27	197
1940	13	202	9	62	286
1941	4	173	6	35	218
1942	11	168	24	24	227
1943	10	90	18	30	148
1944	5	128	17	29	179
1945	4	84	11	13	112
1946	2	56	4	7	69
1947	4	73	17	16	110
1948	2	45	7	10	64
1949	—	87	16	44	147
1950	1	48	15	19	83
1951	2	81	20	23	126
1952	4	84	28	20	136
Totals ...	128	2105	229	467	2929

During the period covered by this table 2,462 cases have been investigated and in 95 per cent. *artificial feeding* was the method employed. It is to be noted that these figures do not pretend to complete accuracy and since we do not know the actual number of children at risk in each year we cannot postulate the relative danger of each method of feeding but taken together, the evidence is clear enough that any child subjected to artificial feeding is greatly imperilled thereby and further it can be stated that when artificial feeding is adopted the danger is very much greater when cow's milk is employed. This, no doubt, is due to faulty methods in preparing feeds and unhygienic conditions generally in the homes. There seems to be much greater risk from cow's milk than from dried milk.

Table 15.—Epidemic Diarrhoea. Return of Cases notified and Deaths registered, together with the Mortality, Morbidity and Case-fatality Rates arising therefrom (expressed as decennial averages to 1950).

Year	No. of Cases	Rate per 1000 Population (Morbidity)	DEATHS		
			Number Recorded	Mortality Rate	Case Fatality Rate*
1911-20	159	2.0	50	0.6	31.2
1921-30	73	0.9	25	0.3	33.8
1931-40	184	2.4	43	0.6	23.6
1941-50	136	1.8	39	0.5	24.5
1951	126	1.6	6	0.08	4.7
1952	136	1.6	5	0.08	3.7

For figures for the individual years from 1907 to 1950 the annual report for 1950 (or preceding years may be consulted).

MENINGOCOCCAL MENINGITIS

An unusually large number of cases were reported during the year. Dr. Michael Curtin investigated these cases and his report is appended herewith :

Report on outbreak of meningococcal septicaemia.

Between 13/12/51 and 1/9/52 eight fatal cases of meningococcal septicaemia in children aged under two years were reported. On receipt of the notifications the parents of all the children were interviewed and details of progress were obtained from the doctors connected with the cases.

The clinical course of the illness in all cases was remarkably similar. The onset was characterised by intense irritability which was followed by increasing lethargy and drowsiness. After a varying period convulsions occurred and coma supervened. Death (in all cases) was preceded by sudden collapse and the appearance of generalised petechiae and ecchymoses. In four cases there was a prodromal upper respiratory infection.

Some of the more important clinical findings are summarised below.

Case No.	Age	Duration of illness	Date of death	Generalised petheciae	Meningococci in blood or CSF	Haemorrhage into supra-renal glands at Autopsy
1	10 mths.	15 hrs.	13-12-51	Yes	Yes	Not Examined
2	2 yrs.	18 hrs.	2-1-52	Yes	Not Examined	Not Examined
3	2 mths.	18 hrs.	4-1-52	Yes	Yes	Yes
4	8 mths.	12 hrs.	11-1-52	Yes	Not Examined	Yes
5	9 mths.	36 hrs.	14-1-52	Yes	Yes	Not Examined
6	4 mths.	96 hrs.	16-2-52	Yes	Yes	Not Examined
7	11 mths.	14 hrs.	14-2-52	Yes	Yes	Yes
8	6 mths.	8 hrs.	1-9-52	Yes	Yes	Yes

It will be noted that bacteriological investigation and post-mortem examination was not carried out in all cases, however, in view of the clinical findings there can be little doubt that all eight cases were examples of the *Waterhouse-Friedreschen syndrome* complicating meningococcal septicaemia.

Although seven cases occurred in one quarter of the city it was not possible to trace the source of infection and there was no history of contact between any two cases.

TYPHOID FEVER.

For the seventh successive year no case of this disease was recorded.

Table 16.—Incidence and Case Fatality of Enteric Fever in Cork City from 1881.

<i>Period</i>	<i>Cases</i> (Decennial averages 1881-1950)	<i>Incidence</i> (Decennial averages 1881-1950)	<i>Deaths</i> (Decennial averages 1881-1950)	<i>(Fatality</i> <i>Rates</i> Decennial averages 1881-1950)
1881-1890	73.5	0.97	13.3	18.1
1891-1900	82.6	1.08	12.6	17.9
1901-1910	54.3	0.69	8.4	15.0
1911-1920	55.2	0.73	5.7	18.3
1921-1930	11.6	0.15	2.1	18.1
1931-1940	2.3	0.03	0.3	13.0
1941-1950	1.8	0.24	—	—
1951	0	—	0	—
1952	0	—	0	—

Details for each individual year from 1881 appear in reports for 1950 and previous years.

The greatest recorded epidemic of typhoid in Cork City occurred in the year 1920, when 244 cases were recorded and 13 deaths occurred. It is believed that the actual numbers of cases and deaths were considerably larger than these figures represent. Particulars of this outbreak were published in the *Journal of Hygiene* (Vol. XXXIV. No 2, 14th June, 1934) and was, by permission of the editors and publishers reproduced in the Annual Report of 1934. A study of the records makes it apparent that typhoid was endemic in this city for generations. There have been several major outbreaks in the past. It is only after 1928 that we note a steady and maintained fall in the incidence. There is no reason to doubt that contamination of the water was the precipitating factor since the disease ceased to be water-borne after the installation of the Candy filtration plant in 1928. Any cases which occurred since that time were sporadic and had no association with the water supply.

TYPHUS.

For the twenty-second successive year there has been no case.

Table 17.—Incidence and Case Fatality of Typhus Fever in Cork City from 1881.

(The figures from 1881 to 1950 represent decennial averages).

<i>Year</i>	<i>Cases</i>	<i>Incidence</i> per 1,000	<i>Deaths</i>	<i>Fatality Rate</i>
1881-1890	387	4.85	31	7.70
1891-1900	48	0.64	8	15.75
1901-1910	11	0.14	3	26.13
1911-1920	4	0.04	1	22.10
1921-1930	1	0.01	—	33.30
1931-1940	—	—	—	—
1941-1950	—	—	—	—
1951	—	—	—	—
1952	—	—	—	—

Major outbreaks of this disease occurred in 1881 (1,406 cases), in 1882 (683 cases), in 1883 (844 cases), in 1884 (456 cases) and in 1885 (159 cases). From that year it remained endemic with a steadily declining incidence until 1929 when it finally subsided as a clinical entity. Particulars for each of the individual years covered in the above table are available in the annual reports which have appeared before this issue.

Table 18.—Yearly Summary of Infectious Diseases.

(The figures from 1881 to 1950 represent decennial averages).

YEAR	Small Pox	Typhus	Enteric Fever	Simple Contd. Fever	Scarlatina	Puerperal Fever	Diphtheria	Erysipelas	Measles	Diarrhoea
1881-1890	0.1	387	74	130	91	—	5	18	109	—
1891-1900	0.2	48	83	30	108	4	17	46	13	—
1901-1910	0.5	11	54	34	87	5	31	37	471	161
1911-1920	—	4	55	10	105	5	68	28	194	159
1921-1930	—	1	11	—	135	5	384	29	145	73
1931-1940	—	—	2	—	195	6	147	22	267	184
1941-1950	—	—	1	—	55	0.6	117	30	134	136
1951	—	—	—	—	31	—	6	14	36	126
1952	—	—	—	—	216	—	5	45	742	136

Detailed figures for each year from 1881 appear in Reports for 1950 and the previous years.

OTHER INFECTIOUS DISEASES.

Notifications in regard to other infectious diseases during the year were as follows :—

Whooping Cough	45	(257)
Dysentery	9	(2)
Infective Hepatitis	3	(1)
Cerebro Spinal Meningitis	6	(1)
Infective Mononucleosis	1	(0)

Figures in brackets indicate corresponding notifications in the previous year.

VACCINATION.

Table 19.—The figures appended herewith, which are taken from the Annual Summaries of the Registrar General; relate to the number of persons vaccinated in each locality concerned.

Year	CORK			DUBLIN			LIMERICK			WATERFORD		
	Births	Vaccinations	Proportion	Births	Vaccinations	Proportion	Births	Vaccinations	Proportion	Births	Vaccinations	Proportion
1936	1,921	1,833	95%	11,582	3,903	34%	975	622	64%	661	54	8%
1937	1,706	1,898	110%	11,652	3,199	27%	1,006	672	67%	696	71	10%
1938	1,761	1,532	87%	11,534	4,076	35%	1,030	579	55%	626	27	4%
1939	1,632	1,591	97%	11,384	3,051	27%	1,073	596	55%	614	16	3%
1940	1,670	1,050	63%	11,064	2,700	24%	984	601	61%	677	43	6%
1941	1,753	1,138	65%	11,305	3,412	30%	1,007	558	55%	613	30	5%
1942	1,706	1,065	62%	12,528	3,517	28%	1,115	763	68%	807	47	6%
1943	1,781	1,233	69%	12,673	2,005	15%	1,075	748	69%	737	58	7%
1944	1,712	1,272	74%	12,074	1,525	12%	1,002	856	85%	644	34	5%
1945	1,690	1,238	73%	12,508	1,170	9%	1,051	893	85%	676	25	4%
1946	1,756	343	19%	13,159	350	2%	1,055	487	37%	718	5	0.7%
1947	1,824	188	10%	13,643	241	1%	1,208	625	50%	673	—	—

Information as to vaccination is no longer available in the *Annual Summary*. Since the repeal of the Vaccination Acts by the Health Act, 1947 vaccination has fallen to negligible proportions. The actual figures for the past few years are as follows: 1948—53; 1949—72; 1950—94; 1951—128. Of this latter number 17 were vaccinated at the public dispensaries and 111 at the Public Health Department. 105 persons were vaccinated in 1952, of whom 102 were dealt with at the City Hall. Vaccination is now a dead letter.

(From the report of the Proceedings of Annual General Meeting, British Medical Association, Cardiff, 1953.)

The conference agreed that it is in everyone's interest to be vaccinated in infancy rather than for the first time when grown up.

A resolution, which was carried, stated that "since the frequency and rapidity of travel often makes vaccination against smallpox necessary in adult life when there is a possibility of undesirable complications if the vaccination is then done for the first time, the Association declares its continued belief that it is in the interest of every individual to be vaccinated in infancy.

The resolution also contended that the Association should take immediate measures to secure the vaccination of every person at least once during infancy and it urged the Government to act for the same purpose.

Table 20.—Particulars of Articles Disinfected during the year.

	Bed Ticks	Mat-tresses	Articles of Bedding	Articles of Wearing Apparel	Miscellaneous Articles	Total No. of Articles
January ...	2	31	189	10	—	232
February ...	—	26	150	66	1	243
March ...	—	30	199	11	4	244
April ...	—	29	190	10	—	229
May ...	2	22	149	19	1	193
June ...	3	27	97	76	36	239
July ...	—	25	144	22	11	202
August ...	5	18	129	11	13	176
September ...	2	14	72	10	15	113
October ...	—	14	135	20	19	188
November ...	1	19	147	3	27	197
December ...	—	9	70	143	15	237
	15	264	1,671	401	142	2,493

The number of rooms disinfected during the year was 193. This service is now almost entirely confined to the control of tuberculosis.

Section III.—Tuberculosis

The tuberculosis death-rate for the year was 0.5 per 1,000 which is the lowest figure so far achieved. The number of deaths represented by this figure is 41 (in comparison with 50 in the previous year). The tables which follow give us a statistical picture of the disease. The principal ones are three in number (21 to 23). The first of them (table 21) deals with deaths from the *pulmonary* form of the disease only and it is necessary to stress that the figures in the third column (rates per 1,000) do not represent the tuberculosis death rate. They represent the *phthisis* death rate. (The tuberculosis death-rate is set out in table 22).

Table 21.—Deaths and Death Rates *Pulmonary* Tuberculosis.

Year	No. of Deaths	Rate per 1,000 pop.	Year	No. of Deaths	Rate per 1,000 pop.
1891	295	3.93	1922	176	2.30
1892	303	4.04	1923	130	1.64
1893	314	4.18	1924	164	2.09
1894	296	3.94	1925	134	1.71
1895	261	3.48	1926	126	1.60
1896	299	3.98	1927	129	1.60
1897	260	3.46	1928	109	1.39
1898	283	3.77	1929	141	1.79
1899	320	4.26	1930	114	1.45
1900	281	3.74	1931	124	1.56
1901	289	3.80	1932	111	1.40
1902	287	3.79	1933	106	1.35
1903	279	3.67	1934	104	1.34
1904	352	4.63	1935	115	1.46
1905	294	3.86	1936	85	1.06
1906	261	3.43	1937	96	1.20
1907	278	3.65	1938	99	1.21
1908	245	3.22	1939	86	1.06
1909	264	3.47	1940	96	1.17
1910	233	3.06	1941	86	1.12
1911	252	3.29	1942	106	1.38
1912	231	3.01	1943	107	1.38
1913	202	2.62	1944	118	1.56
1914	231	3.01	1945	86	1.13
1915	211	2.88	1946	79	1.04
1916	189	2.46	1947	126	1.67
1917	202	2.63	1948	81	1.07
1918	187	2.43	1949	69	0.90
1919	156	2.04	1950	66	0.87
1920	159	2.07	1951	41	0.54
1921	125	1.64	1952	34	0.45*

In table 22 the combined figures for pulmonary and non-pulmonary deaths are set out. The combined rate represents the figure generally utilised for comparative purposes.

* Based on Census of Population 1951, previous figures on Census of 1946 (which yield a higher population).

Table 22.—Combined Deaths and Death rates from *Pulmonary and Non-Pulmonary* Tuberculosis.

Year	Pulmonary Deaths	Non- pulmonary Deaths	Total	Rate per 1,000 pop.
1906	261	81	342	4.49
1907	278	84	362	4.74
1908	245	93	338	4.42
1909	264	78	342	4.47
1910	233	75	308	4.01
1911	252	73	325	4.23
1912	231	71	302	3.92
1913	202	79	381	3.64
1914	231	79	310	4.02
1915	211	72	383	3.66
1916	189	69	258	3.33
1917	202	78	280	3.61
1918	187	75	262	3.37
1919	156	58	214	2.75
1920	159	46	205	2.64
1921	125	34	159	2.03
1922	176	39	215	2.75
1923	130	32	162	2.05
1924	164	32	196	2.50
1925	134	31	165	2.10
1926	126	46	172	2.18
1927	129	35	164	2.08
1928	108	29	138	1.74
1929	141	17	158	2.00
1930	117	25	142	1.78
1931	124	46	170	2.13
1932	111	45	156	1.95
1933	106	19	125	1.56
1934	107	21	128	1.59
1935	115	29	144	1.78
1936	85	20	105	1.29
1937	96	24	120	1.48
1938	99	13	112	1.38
1939	86	14	100	1.23
1940	96	29	125	1.54
1941	86	20	106	1.38
1942	106	18	124	1.57
1943	107	23	130	1.69
1944	118	27	145	1.92
1945	86	29	115	1.52
1946	79	22	101	1.34
1947	126	21	147	1.95
1948	81	16	97	1.15
1949	69	14	83	1.10
1950	66	11	77	1.00
1951	41	9	50	0.66
1952	34	7	41	0.55

The figures for *non-pulmonary* tuberculosis are set out in table 23. It will be noted that they do not extend farther back than 1906, which is the earliest year for which figures for this form of the disease are available. On the other hand figures for *pulmonary* tuberculosis go back to 1891.

Table 23.—Deaths and Death Rates from *non-pulmonary* Tuberculosis.

Year	No. of Deaths	Rate per 1,000 pop.	Year	No. of Deaths	Rate per 1,000 pop.
1906	81	1.06	1930	25	0.31
1907	84	1.10	1931	46	0.57
1908	93	1.08	1932	35	0.44
1909	78	1.02	1933	20	0.24
1910	75	0.97	1934	21	0.25
1911	73	0.95	1935	29	0.36
1912	71	0.92	1936	20	0.25
1913	79	1.02	1937	24	0.29
1914	79	1.02	1938	13	0.16
1915	72	0.93	1939	14	0.17
1916	69	0.89	1940	29	0.35
1917	78	1.00	1941	20	0.26
1918	75	0.96	1942	18	0.24
1919	58	0.74	1943	23	0.30
1920	46	0.59	1944	27	0.35
1921	34	0.43	1945	29	0.38
1922	39	0.50	1946	22	0.29
1923	32	0.40	1947	21	0.29
1924	32	0.40	1948	16	0.21
1925	31	0.39	1949	14	0.17
1926	46	0.58	1950	11	0.10
1927	35	0.44	1951	9	0.10
1928	29	0.36	1952	7	0.10
1929	17	0.21			

The selective effect of age on mortality from pulmonary tuberculosis has been as marked as in previous years. An attempt has been made to present this feature in the tables which follow. In table 24 we note that the figures for a period of twenty six years yield a total of 2,639 deaths which have been sub-divided into age and sex-groups and which exhibit a slight excess of males over females (1,407 as compared with 1,232). There is a very steep rise in mortality after the 15 year group has been passed, with a further increase in 25/35 group, a slight decline in the 35/45 group, and then a sharp decline. This is a fairly typical picture and we note too that at all ages from 15 to 35 years there is a definite excess of female deaths. Thereafter there is a substantial excess in the number of male deaths.

Table 24.—Deaths from *Pulmonary* Tuberculosis distributed according to sex and age groups.

Year	Sex	All Ages	Under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
1926-30	M	299	2	6	7	61	71	80	47	17	8
	F	325	—	6	16	75	96	67	38	18	9
1931-35	M	283	1	2	3	43	77	76	57	20	4
	F	272	1	2	10	72	80	54	36	15	3
1936	M	48	—	—	2	7	11	15	8	5	—
	F	34	—	1	—	6	8	7	5	6	1
1937	M	56	—	—	—	9	10	14	13	8	2
	F	40	—	—	2	10	9	10	4	5	—
1938	M	61	—	—	—	12	12	13	17	4	3
	F	38	—	—	—	4	15	10	7	2	—
1939	M	53	—	—	1	10	6	13	16	6	1
	F	33	—	—	2	11	4	6	6	4	—
1940	M	48	—	—	—	12	9	10	9	8	—
	F	48	1	—	—	12	13	14	4	2	2
1941	M	46	—	—	—	8	11	12	9	6	—
	F	42	—	—	—	5	10	14	9	4	—
1942	M	61	—	—	1	9	13	12	16	5	5
	F	45	—	—	1	17	10	7	6	4	—
1943	M	61	—	1	—	4	15	14	14	9	4
	F	46	—	—	2	15	10	8	3	6	2
1944	M	61	—	1	—	12	9	16	11	7	5
	F	57	1	—	1	13	20	8	4	8	2
1945	M	45	—	1	1	7	9	8	8	7	4
	F	41	—	—	2	6	15	7	6	1	4
1946	M	44	—	—	2	1	4	12	15	6	4
	F	35	—	—	3	10	7	9	3	2	1
1947	M	60	1	2	1	7	7	13	15	10	4
	F	66	—	—	2	16	16	16	8	4	4
1948	M	51	—	—	—	5	14	10	15	5	2
	F	30	—	1	—	7	8	8	3	1	2
1949	M	31	1	—	—	4	4	5	11	4	2
	F	38	—	2	3	7	9	4	8	5	—
1950	M	41	—	—	—	4	4	11	6	13	3
	F	25	—	—	—	3	11	2	3	4	2
1951	M	31	—	—	—	6	2	8	7	5	3
	F	10	—	—	—	2	1	2	3	1	1
1952	M	27	—	—	—	—	2	7	5	10	3
	F	7	—	—	—	1	—	3	—	2	1
Totals	M	1407	5	13	18	221	290	349	299	155	57
	F	1232	2	12	44	292	342	256	156	94	34
Persons		2639	7	25	62	513	632	605	455	249	91

The causes of the increased deaths noted in previous years were again examined. So far as the figures for the current year are concerned little can be added to the remarks made in the appropriate reports. Once again the great bulk of deaths occur in the age group between 15 and 45 years. This tendency has prevailed for many years as will be seen in table 24. The actual figures for the last twelve years, are as follows. These figures refer to *pulmonary* deaths only.

	15/25	25/35	35/45	45/55	55/65
1937	19	19	24	17	13
1938	16	27	23	24	6
1939	21	10	19	22	10
1940	24	22	24	13	10
1941	13	21	26	18	10
1942	26	23	19	22	9
1943	19	25	22	17	15
1944	25	29	24	15	15
1945	13	24	15	14	8
1946	11	11	21	18	8
1947	23	23	29	23	14
1948	12	22	18	18	6
1949	11	13	9	19	9
1950	7	15	13	9	17
1951	8	3	10	10	6
1952	1	2	10	5	12

In the following table these age-groups have been sub-divided into the sexes :-

Year	15/25		25/35		35/45		45/55		55/65	
	M	F	M	F	M	F	M	F	M	F
1941	8	5	11	10	12	14	9	9	6	4
1942	9	17	13	10	12	7	16	6	5	4
1943	4	15	15	10	14	8	14	3	9	6
1944	12	13	9	20	16	8	11	4	7	8
1945	7	6	9	15	8	7	8	6	7	1
1946	1	10	4	7	12	9	15	3	6	2
1947	7	16	7	16	13	16	15	8	10	4
1948	5	7	14	8	10	8	15	3	5	1
1949	4	7	4	9	5	4	11	8	4	5
1950	4	3	4	11	11	2	6	3	13	4
Average	6.1	9.9	9.0	11.6	11.3	8.3	12.0	5.3	7.2	3.9
1952	0	1	2	0	7	3	5	0	10	2

Table 25.—Deaths from *non-pulmonary* Tuberculosis arranged into sex and age groups.

Year	Sex	All Ages	Under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
1932	M	55	7	17	5	10	3	8	4	1	—
'35	F	50	5	10	10	4	8	6	4	3	—
1936	M	13	1	4	2	—	2	2	—	2	—
	F	7	3	1	—	2	—	1	—	—	—
1937	M	13	2	3	1	2	1	1	—	2	1
	F	11	—	3	2	1	2	1	—	—	2
1938	M	5	—	1	1	1	1	—	1	—	—
	F	8	—	2	2	—	—	2	—	—	2
1939	M	9	—	5	—	1	1	—	2	—	—
	F	5	—	4	—	1	—	—	—	—	—
1940	M	14	—	6	3	1	2	—	2	—	—
	F	15	3	2	3	1	1	1	2	1	1
1941	M	11	1	1	3	2	3	1	—	—	—
	F	9	1	2	1	2	—	1	—	—	2
1942	M	8	1	3	1	—	1	—	1	—	1
	F	11	2	3	1	2	—	—	1	1	1
1943	M	13	3	4	1	4	1	—	—	—	—
	F	10	—	5	2	1	—	1	—	—	1
1944	M	10	2	6	1	—	—	—	—	—	1
	F	17	2	4	4	1	—	1	2	2	1
1945	M	19	2	5	6	3	1	—	—	1	1
	F	10	1	2	3	3	—	—	—	—	1
1946	M	12	2	3	3	—	—	1	—	3	—
	F	10	—	2	1	2	2	—	2	1	1
1947	M	12	1	2	4	1	1	1	—	—	2
	F	9	—	1	—	2	2	—	—	2	2
1948	M	9	—	5	1	2	—	—	1	—	—
	F	7	1	3	—	2	—	1	—	—	—
1949	M	3	1	1	1	—	—	—	—	—	—
	F	11	3	2	4	—	1	—	—	—	1
1950	M	6	1	5	—	—	—	—	—	—	—
	F	5	—	1	3	—	—	—	—	1	—
1951	M	4	—	4	—	—	—	—	—	—	—
	F	5	—	2	1	1	—	1	—	—	—
1952	M	5	2	1	—	—	1	—	—	1	—
	F	2	1	—	—	—	—	—	—	1	—
Totals	M	221	26	76	33	27	18	14	11	10	6
	F	202	22	49	37	25	16	16	11	11	15
Persons		423	48	125	70	52	34	30	22	21	21

Table 26.—Classification of Deaths from non-pulmonary Tuberculosis.

Cause of Death	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Totals
Meningitis ...	9	10	10	12	10	12	8	6	15	9	10	16	11	15	7	12	12	11	7	9	4	215
Peritonitis	4	4	—	3	3	2	—	3	7	2	2	2	1	4	6	1	—	1	1	—	—	46
Bones and Joints	4	3	2	4	4	4	2	1	2	5	1	1	7	4	7	6	1	2	2	—	1	63
Genito-urinary ...	3	1	1	1	—	—	—	1	2	2	2	—	—	2	1	1	—	—	—	—	1	18
Abdominal ...	4	—	—	3	2	2	—	1	—	1	1	1	2	2	—	1	3	—	1	—	—	24
Generalised Tuberculosis ...	6	1	5	3	—	1	2	1	—	1	1	—	2	1	—	—	—	—	—	—	—	24
Glands ...	—	1	2	—	1	1	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	8
Addison's Disease	—	—	1	2	—	2	—	1	1	—	2	—	2	—	—	—	—	—	—	—	1	12
Skin ...	2	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	5
Miscellaneous ...	3	—	—	1	—	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	8
Totals ...	35	20	21	29	20	24	13	14	29	20	19	23	27	29	22	21	16	14	11	9	7	423

Tuberculous meningitis is almost invariably of human origin. With the exception of glandular disease and, possibly, abdominal tuberculosis most of the conditions listed in table 26 may be said to be of haematogenous origin and due, in the first instance, to pulmonary infection of human origin, it would seem clear therefore that the control of the human carrier or case must be the prime consideration in the attack on tuberculosis.

Table 27.—Non-pulmonary tuberculosis. Analysis of certified deaths, shewing same distributed into sex and age-groups, from 1932 to 1951 (inclusive).

Cause of Death	Sex	All Ages	Under 1 Yr.	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
Meningitis ...	M	109	16	55	18	15	3	2	1	—	—
	F	108	16	39	28	12	6	4	1	—	1
Peritonitis ...	M	27	4	10	5	2	1	3	—	1	—
	F	19	2	4	3	1	1	4	1	—	2
Bone and Joint ...	M	28	—	2	5	4	4	4	1	6	2
	F	35	—	1	7	6	5	2	2	5	7
Genito-urinary ...	M	14	—	—	—	1	5	3	3	1	1
	F	4	—	—	—	—	1	1	2	—	—
Abdominal ...	M	11	—	4	1	1	2	—	2	1	—
	F	13	3	2	—	1	1	1	—	2	1
Generalised Tuberculosis ...	M	16	3	4	2	3	2	2	—	—	1
	F	8	1	1	—	2	2	1	1	1	—
Supra-renal Gland	M	6	—	—	—	1	1	—	2	1	1
	F	7	—	—	—	—	—	1	2	2	2
Miscellaneous ...	M	8	3	1	1	—	—	—	2	—	1
	F	12	—	2	—	3	—	2	2	1	2
TOTALS	M	221	26	76	33	27	18	14	11	10	6
	F	202	22	49	37	25	16	16	11	10	15
PERSONS		423	48	125	70	52	34	30	22	21	21

Table 28.—Proportion of Deaths from Tuberculosis (*all forms*) to Deaths from all causes in 1951.

Age Group	No. of Deaths (all causes)	Deaths from Tuberculosis	Proportion
0/1	74	3	4.0 per cent.
1/5	18	1	5.5 „ „
5/15	7	0	— „ „
15/25	9	1	11.1 „ „
25/35	8	3	37.5 „ „
35/45	34	10	29.4 „ „
45/55	68	5	7.3 „ „
55/65	141	14	9.9 „ „
65 and over	506	4	0.8 „ „
Totals	865	41	4.7 „ „

Table 28 was computed for the first time for the year 1945. Some points emerge. In the first place it would appear that the proportions are subject to considerable fluctuation from year to year in the various age-groups and secondly that the proportion of deaths from tuberculosis to all deaths has been tending, for many years, to fall. In the quinquennium 1906-1910 the ratio was over 20 per cent. It has fallen steadily from that time. The ratio for the past seven years is shewn in the following table :—

Age Groups	Ratio of Deaths from Tuberculosis (all forms) to all Deaths (expressed as percentages).							
	1945	1946	1947	1948	1949	1950	1951	1952
0 / 1	1.9	1.8	1.2	1.1	3.8	1.2	—	4.0
1 / 5	34.7	20.8	22.7	34.7	19.2	35.3	25.4	5.5
5 / 15	46.1	52.9	41.1	15.3	40.0	27.2	16.6	—
15 / 25	54.3	44.8	74.2	59.2	61.1	43.7	50.0	11.1
25 / 35	62.5	36.1	60.4	64.7	46.6	50.0	15.7	37.5
35 / 45	30.0	32.8	40.5	30.5	21.9	31.0	26.2	29.4
45 / 55	14.1	21.2	20.5	19.2	22.3	12.6	13.0	7.3
55 / 65	4.9	6.6	17.7	11.2	5.7	10.0	3.6	9.9
65 and over	2.4	2.4	1.9	1.5	2.3	0.9	0.7	0.8
<i>Totals</i>	10.4	9.7	11.5	9.7	7.9	7.6	5.0	4.7

The ratio 4.7 per cent. for 1952 is the lowest ever recorded. In 1893 the number of recorded deaths from *pulmonary* tuberculosis was 17 per cent of the total deaths and, excepting the year 1924 when this ratio rose to 21.4 per cent. it has fallen more or less steadily. Apart from the year 1893, there were three occasions on which the ratio either reached or slightly exceeded 17 per cent. These were the years 1905-07 inclusive. During 1938-40 the ratio was slightly over 8 per cent. and again in the war years from 1942 to 1944. When computing this ratio in the case of deaths from *all forms* of tuberculosis a picture was produced which differs only in detail from that of the *pulmonary* form of the disease. As mentioned above combined figures are available only from 1906 and in that year the highest ratio (25.3 per cent. was recorded) the lowest ratio (8.55 per cent.) was attained in 1937 and 1941.

The findings presented in these two tables represent the proportion of all deaths occurring which are due to tuberculosis, but they do not tell us the exact risk to which each age-group is exposed. Much, of course, depends on the number of persons in each group and it remains but to work out the actual death-rate in the individual groups by comparing the number of deaths with the number of persons in each group. This was first done in the 1945 report, the various rates being computed in the population in the different age-groups as set out in the Register of Population, 1941. The following table was compiled from the age and sex grouping set out in the Census Report for 1951 and shows the death-rate from tuberculosis in the various groups,

Table 29.—Deaths from Tuberculosis (all forms) divided into age and sex groups with the rates per 1,000 in each group, for the year 1952 :—

Age Group	MALES			FEMALES			PERSONS		
	Num. ber in Group	Deaths	Rate per 1,000	Num. ber in Group	Deaths	Rate per 1,000	Num. ber in Group	Deaths	Rate per 1,000
0/1	817	2	2.45	792	1	1.26	1609	3	1.86
1/5	3021	1	0.33	2970	—	—	5991	1	0.17
5/15	6700	—	—	6473	—	—	13,173	—	—
15/25	5929	—	—	6514	1	0.15	12,443	1	0.08
25/35	4796	3	0.63	5759	—	—	10,555	3	0.29
35/45	4263	7	1.64	5269	3	0.57	9532	10	1.05
45/55	3737	5	1.34	4448	—	—	8185	5	0.61
55/65	2599	11	4.24	3539	3	.85	6138	14	2.28
65 and over	2853	3	1.05	4088	1	.24	6941	4	0.58
Totals	34,715	32	0.92	39,852	9	0.23	74,567	41	0.55

Table 30.—Deaths from tuberculosis (all forms) expressed as rates per 1000 in each age-group. Based on the Register of Population 1941 and the Census returns of 1946 and 1951.

Year	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 to 45 years	45 to 55 years	55 to 65 years	65 and over
1943	1.92	1.67	0.35	1.76	2.26	2.42	2.23	2.26	1.03
1944	3.25	1.84	0.42	1.83	2.61	2.62	2.23	2.57	1.32
1945	1.95	1.34	0.84	1.39	2.17	1.57	1.84	1.36	1.59
1946	1.18	0.89	0.64	0.98	1.20	2.39	2.58	1.89	0.89
1947	1.18	0.89	0.50	1.96	2.40	3.11	2.96	2.52	1.49
1948	0.59	1.60	0.07	1.96	2.03	2.18	2.45	0.94	0.60
1949	2.96	0.88	0.57	0.83	1.29	0.96	2.45	1.41	0.45
1950	0.59	1.07	0.21	0.53	1.38	1.39	1.16	2.83	0.75
1951	0.00	0.07	0.67	0.27	1.17	1.28	0.94	0.56	0.66
1952	1.86	0.17	0.00	0.08	0.29	1.05	0.61	2.28	0.58
Avg. Rate	1.65	1.04	0.43	1.16	1.68	2.10	1.94	1.86	0.94

TUBERCULIN SURVEYS.

The Cork Branch of the Irish Red Cross Society undertook a survey of the City Schools during the years 1944-46, the purpose of which was to ascertain to what extent tuberculosis infection was present generally in the community. The results of this survey were published in *The Irish Journal of Medical Science*, April, 1947. Since then no general tuberculin testing was undertaken until the local B.C.G. campaign was launched in April, 1943. Strictly speaking the findings of this campaign do not belong to the current report but (at the time of going to press) they were deemed sufficiently interesting to be incorporated in it. For comparative purposes the findings of the two surveys are now set out side by side,

Table 31.—Results of Tuberculin Tests (in Schools).

Age Group	Irish Red Cross (1944-46)		B.C.G. Campaign (1953)	
	Number Tested	Proportion <i>Positive</i>	Number Tested	Proportion <i>Positive</i>
0-5 years	236	37.2 per cent	79	50.7 per cent
5-6 "	481	44.3 "	204	46.4 "
6-7 "	737	54.0 "	238	49.3 "
7-8 "	819	61.9 "	256	60.8 "
8-9 "	918	65.5 "	249	59.1 "
9-10 "	823	66.7 "	323	63.4 "
10-11 "	863	70.6 "	284	64.1 "
11-12 "	822	76.3 "	265	68.1 "
12-13 "	743	77.4 "	276	75.5 "
13-14 "	625	81.1 "	353	70.1 "
14-15 "	201	81.6 "	358	80.4 "
15-16 "	44	86.4 "	326	82.5 "
16-17 "	8	87.5 "	191	85.2 "
Totals	7,320	66.7 "	3,402	63.4 "

In addition to the above the B.C.G. operators tested 224 persons in the 17-19 years groups in schools and of this number 182 (or 81.2 per cent) proved positive. Over and above these, 202 persons, of ages varying from 14 to 50 years, were tested in factories and, of these, 180 (or 98.3 per cent) were positive.

By themselves the figures are not so valuable, they indicate the proportion of our children who have been exposed to infection. It remains to be seen whether this proportion is unduly high in comparison with other areas because, if so, it would clearly shew that the incidence of the disease itself was also unduly high. In the following table such a comparison is made.

Year	City	Number Tested	Proportion <i>Positive</i>
1944-46	Cork	7320	66.7 per cent.
1926	Philadelphia	2678	61.0 "
1930-31	London	1003	40.8 "
1930-32	New York	8045	19.2 "
1925-26	S. Francisco	3500	24.6 "
1930-31	Chicago	1000	14.4 "

Figures, other than those for Cork, are from *Pulmonary Tuberculosis* (Kayne, Pagel and O'Shaughnessy, 1939, p.530).

The figures cited indicate a definitely high proportion of positive reactors in this area, from which we must infer a correspondingly high proportion of open cases of tuberculosis. It may also be inferred that practically all, if not actually all, of these actively infecting cases are suffering from the pulmonary form of the disease. We have no comparable figures to indicate our position in relation to other urban areas in this country. Such information would be valuable. It would show, for example whether Cork presents certain features in regard to tuberculosis different from the remainder of the country and whether special efforts should be made here to deal with them.

Table 32.—Tuberculosis (all forms). Comparative Statement of annual death rates.

Year	Eire	Cork	Dublin	Limerick	Waterford
1936	1.17	1.29	1.59	1.40	1.57
1937	1.23	1.48	1.59	1.49	1.57
1938	1.09	1.38	1.47	1.10	1.32
1939	1.13	1.23	1.48	1.27	1.25
1940	1.25	1.54	1.63	2.05	1.43
1941	1.24	1.38	1.56	1.58	1.40
1942	1.47	1.57	1.90	2.12	1.65
1943	1.46	1.69	1.84	1.95	1.86
1944	1.34	1.92	1.60	2.10	1.40
1945	1.20	1.52	1.60	1.80	1.80
1946	1.10	1.34	1.50	2.00	1.80
1947	1.20	1.95	1.60	1.80	1.80
1948	1.04	1.15	1.30	1.10	1.60
1949	0.9	1.10	1.00	1.50	0.80
1950	0.8*	1.00	0.90*	1.00*	1.70*
1951	0.7*	0.66	0.80*	1.10*	1.20*
1952	0.5*	0.55*	0.58*	0.78*	0.83*

*These figures are taken from the *Annual Summary* of the Registrar General and are subject to correction.

NOTIFICATIONS.

The number of notifications received during the year was 288. Before 1930 such notifications were for the period from the 1st April to 31st March following. Notifications for *previous* years were as follows :

1925-26	...	...	110	1939	...	...	128
1926-27	...	...	108	1940	...	...	114
1927-28	...	...	73	1941	...	...	173
1928-29	...	...	116	1942	...	...	159
1929-30	...	...	179	1943	...	...	173
1930 (April-Dec.)	...	...	133	1944	...	...	161
1931	...	...	196	1945	...	...	169
1932	...	...	136	1946	...	...	183
1933	...	...	164	1947	...	...	183
1934	...	...	112	1948	...	...	174
1935	...	...	154	1949	...	...	163
1936	...	...	154	1950	.....	.....	195
1937	...	...	166	1951			244
1938	...	...	147				

Table 33.—Notifications of Tuberculosis distributed according to Sex and Age. (Figures expressed as Yearly Average for the period 1931–1940) :—

Period	Total	Sex	All Ages	Under 5 yrs	5–15	15–45	45–60	60 and up
1931–40	147	M	76	5	11	43	14	3
		F	71	4	10	48	16	3
1941	173	M	90	8	13	48	19	2
		F	83	8	14	51	7	3
1942	159	M	80	8	13	43	16	—
		F	79	3	18	48	6	4
1943	173	M	83	1	14	45	14	9
		F	90	1	10	66	10	3
1944	161	M	76	2	10	83	16	10
		F	85	6	18	50	3	8
1945	169	M	78	6	15	38	16	3
		F	91	7	14	56	6	8
1946	183	M	89	3	18	46	13	9
		F	94	5	11	71	6	1
1947	183	M	87	8	16	39	18	6
		F	96	7	13	60	13	3
1948	174	M	86	2	13	54	14	3
		F	88	9	14	57	4	4
1949	163	M	98	9	18	57	7	7
		F	65	4	16	37	6	2
1950	195	M	95	18	19	34	17	7
		F	100	7	16	66	8	3
1951	244	M	131	20	20	65	22	4
		F	113	15	13	73	6	6
1952	288	M	159	22	19	76	26	16
		F	129	20	23	71	14	1

The average number of cases notified during the period 1941–50 was 173.

HOME VISITS.

The number of visits made by the Tuberculosis Nurses to homes of patients during the year was as follows:—

1st Quarter	200
2nd Quarter	230
3rd Quarter	260
4th Quarter	227
Total	917

SPUTUM EXAMINATIONS.

Examination of specimens of sputum is carried out in the laboratory attached to the Tuberculosis Clinic. 791 such specimens were examined during the past year, of which 170 were found to contain tubercle bacilli while 621 were negative. Of the 791 specimens examined 143 were submitted by medical practitioners. The following table shows the number of specimens examined, and the results obtained since 1931.

Year	Total	Positive	Negative
1931	375	90	285
1932	440	94	346
1933	502	118	384
1934	519	121	398
1935	512	94	418
1936	467	93	374
1937	511	73	438
1938	336	49	287
1939	228	51	177
1940	336	88	248
1941	276	68	208
1942	295	81	214
1943	277	61	216
1944	325	67	258
1945	321	87	234
1946	325	116	209
1947	435	121	314
1948	392	106	286
1949	380	114	266
1950	568	153	415
1951	704	209	495
1952	791	170	621
Totals ...	9315	2254	7091

All the examinations recorded in the above table were made by the ordinary Ziehl-Nielsen staining method as routine, 651 of them were, in addition, examined by the newer method of digestion with caustic soda at body temperature, centrifugalisation and culture on Lowenstein's medium. 125 of these 651 specimens yielded positive results.

Table 34.—Numbers and Results of *Cultural Examinations* of Sputum.

Year	Number	Positive	Negative
1945	30	3	27
1946	53	14	39
1947	32	2	30
1948	30	4	26
1949	94	16	78
1950	291	62	229
1951	595	152	443
1952	651	125	526

CLASSIFICATION OF NEW CASES.

This classification is based on the standards adopted at a conference of Tuberculosis Officers held in Dublin in 1944. Cases are graded, in the first instance, into those which are sputum negative and sputum positive. The latter are further sub-divided into grades corresponding to those previously recognised.

Table 35.—Classification of new cases examined at the Chest Clinic (expressed as *percentages* of the total number examined each year):—

YEAR	<i>Sputum Negative</i>	<i>Sputum Positive</i>		
		Stage I.	Stage II.	Stage III.
1944	20	4	12	64
1945	13	4	34	49
1946	10	3	40	47
1947	7	12	40	41
1948	8	15	47	30
1949	7	7	46	40
1950	3	23	59	15
1951	1	20	68	11
1952	5	27	50	18

The following table, which is introduced for comparative purposes, gives the corresponding proportions for previous years.

Table 36.—Showing the proportion of early, moderately advanced and advanced cases attending the Tuberculosis Clinic for the first time expressed as percentages (1930 to 1943):—

TYPE	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
Stage I. (Early)	15	8	9	6	14	13	6	9	5	8	6	3	4	9
Stage II. (Moderately Advanced)	36	50	38	39	28	30	43	38	33	32	44	46	34	44
Stage III. (Advanced)	49	42	53	55	58	57	51	53	62	60	50	51	62	47

COLLAPSE THERAPY.

During the year, twenty-five patients received 386 refills for artificial pneumothorax and eight patients received 122 refills for artificial pneumoperitoneum. Fourteen patients are at present undergoing artificial pneumothorax treatment and three patients are undergoing artificial pneumoperitoneum treatment.

X-RAY EXAMINATION

All the cases that come for chest examination are screened. 1536 films for cases attending the dispensary were obtained on the recommendation of the tuberculosis officer.

The number of screen examinations made during the year was 1388.

Year	X-ray Examinations	Screen Examinations
1943	88	253
1944	71	643
1945	92	952
1946	98	881
1947	74	931
1948	89	888
1949	268	956
1950	756	1032
1951	1145	1275
1952	1536	1388

The average number of X-ray examinations carried-out each year from 1930 to 1942 was 98.

ADMINISTRATION.

The routine administrative work of the Tuberculosis Dispensary is summarised in the following paragraphs.

New cases examined :

Adults	.....	936
Children	.....	636
		<hr/>
Total	.....	1572

New cases found to be suffering from tuberculosis :

Adults	.....	124
Children	.....	44
		<hr/>
Total	.....	168

INSTITUTIONAL TREATMENT.

In the tables which follow statistical details are given of the various institutions which have been utilised for the treatment of our cases during the past year. Early and moderately early cases of pulmonary disease have, almost all, been referred to the Cork Sanatorium at Heatherside.

Table 37.—Particulars of Institutional Treatment afforded during the Year.

	Under treatment 1st Jan., 1952	New Cases Admitted during 1952	Discharged during 1952	Under treatment 31st Dec., 1952	Number of cases treated during year
SANATORIUM					
Males	53	37	38	52	90
Females	47	50	57	40	97
TOTAL	100	87	95	92	187
ST. PATRICK'S HOSPITAL					
Males	7	8	11	4	15
Females	13	18	23	8	31
Children	2	—	2	—	2
TOTAL	22	26	36	12	48
ST. JOSEPH'S HOSPT.					
Males	13	23	27	9	36
Females	8	22	30	10	40
Children	—	—	—	—	—
TOTAL	21	55	57	19	76
DISTRICT HOSPITAL					
Males	16	44	40	20	60
Females	5	11	9	7	16
Children	1	26	11	16	27
TOTAL	22	81	60	43	103
NORTH INFIRMARY					
Males	1	9	9	1	10
Females	1	9	10	—	10
Children	2	12	14	—	14
TOTAL	4	30	33	1	34
SOUTH INFIRMARY					
Males	2	6	6	2	8
Females	1	5	6	—	6
Children	—	7	6	1	7
TOTAL	3	18	18	3	21
MERCY HOSPITAL					
Males	1	1	1	1	2
Females	—	2	2	—	2
Children	—	1	—	1	1
TOTAL	1	4	3	2	5
VICTORIA HOSPT.					
Females	—	4	4	—	4
Children	4	19	20	3	23
TOTAL	4	23	24	3	27
ST. MARY'S, CAPPAGH					
Children	1	—	—	1	1
ST. JOSEPH'S, COOLE					
Children	2	—	—	2	2
ST. RAPHAEL'S PREVENTORIUM					
Children	10	7	8	9	17
FOYNES	7	4	7	4	11

Under the title "Heatherside Sanatorium" is included Mallow Chest Hospital, St. Colman's Hospital, Macroom, St. Fachtna's Hospital, Skibbereen and St. Brendan's Hospital, Millstreet. These hospitals have come under the administrative authority and medical staff of the Sanatorium during the past few years and have, with extensions to Heatherside, provided a considerable number of beds. The increase in bed complement was made necessary by the demand for Sanatorium beds and has very greatly helped in the problem of placing patients for expert management. The growth of this composite institution may be studied by examining the number of patient days spent there over the years in the following figures (kindly supplied by Mr. D. O'Donovan, Secretary, Joint Committee of Management).

Year ended 31st March	Patient days
1941	5,246
1942	6,670
1943	5,689
1944	5,459
1945	8,610
1946	8,529
1947	12,354
1948	11,241
1949	20,341
1950	32,998
1951	36,750
1952	40,734

The distribution of these cases (according to "patient days") for 1952 was as follows:

Heatherside Sanatorium	15,960
Mallow Chest Hospital	17,957
St. Fachtna's Hospital, Skibbereen	1,816
St. Colman's Hospital, Macroom	3,154
St. Brendan's Hospital, Millstreet	1,847
	<hr/>
	40,734

These figures relate to Cork City Patients only.

Table 38.—Patients admitted to Cork District Hospital for treatment of tuberculosis.

Year	Adults	Children	Total
1938	66	15	81
1939	31	6	37
1940	39	5	44
1941	34	10	44
1942	41	11	52
1943	41	10	51
1944	44	21	65
1945	48	12	60
1946	57	10	67
1947	53	13	66
1948	55	16	71
1949	7	3	10
1950	74	25	99
1951	74	14	88
1952	55	26	81

Table 39.—Admission of Children to St. Raphael's Preventorium (opened in 1948).

1948	....	10
1949	.....	8
1950	.....	14
1951	.....	24
1952	.....	7

In addition, 4 children were admitted to St. Senan's Preventorium at Foynes in 1952 as compared with 14 in 1951.

Table 40.—Return of number of patients treated under the Tuberculosis Scheme, during the year ended 31st December, 1952.

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis			Total
	Children under 15 years	Other Persons		Children under 15 years	Other Persons		
		Males	Females		Males	Females	
(i) No remaining under treatment							
(a) On 1st Jan., 1952 ...	56*	217	207	62	27	37	606
(b) on 31st Dec., 1952 ...	32†	175	154	43	23	21	447
(ii) No. of new patients treated during year ...	35‡	105	79	42	14	13	288
(iii) No. of cases under observation at close of year 1952 ...	2	3	4	1	—	—	10

*Including 54 cases of primary tuberculosis.

†Including 29 cases of primary tuberculosis.

‡Including 35 cases of primary tuberculosis.

PROVISION OF EXTRA NOURISHMENT, CLOTHING, Etc.

In a Departmental letter (P.H. circular 53/43) dated 31st March, 1943, the principal provisions of which are outlined below, the Minister approved for recoupment from the National Tuberculosis Grant of:—

- (a) Free allowance of extra nourishment in the form of eggs, butter and milk to patients while they are awaiting admission to institutions or following discharge after an approved term of institutional treatment. Allowance per patient not to exceed: 3½ pints of milk, ½-lb. of butter, 7 eggs per week.

- (b) A separate bed and, where necessary, bedding for infective patients receiving domiciliary or dispensary treatment. Expenditure by the L.A. should not exceed £4 in any one case (this amount was subsequently raised to £15).
- (c) In the case of necessitous patients undergoing treatment in institutions, suitable clothing if such be necessary to derive the full benefit of treatment.

In table 41 are set out the number of persons who have benefitted under this scheme and the amount of money which has been expended in connection with it.

Table 41.—Provision of Extra Nourishment, Clothing, etc., in connection with the national tuberculosis grant. Particulars of persons benefitting and amount of money expended in connection with same.

Year	EXTRA NOURISHMENT		CLOTHING		BEDS AND BEDDING		TOTAL
	Persons	Cost	Persons	Cost	Persons	Cost	Cost
		£ s. d.		£ s. d.		£ s. d.	£ s. d.
1944	67	367 17 0	73	282 13 8	6	65 12 6	716 3 2
1945	150	577 7 4	104	481 7 11	18	75 19 6	1134 14 9
1946	102	560 6 5	140	441 19 9	17	206 19 10	1209 6 0
1947	111	597 11 1	127	421 12 7	17	148 12 7	1167 16 3
1948	129	747 5 2	120	594 0 1	13	45 7 9	1386 13 0
1949	160	873 10 0	153	1011 9 3	14	31 6 9	1916 6 0
1950	181	1219 19 4	278	1146 1 0	76	167 10 6	2533 10 10
1951	230	1941 16 0	345	3003 10 6	94	433 3 6	5378 10 0
1952	355	3011 13 0	407	4414 19 9	130	1333 7 0	8759 19 9
Totals		9897 5 3		11797 14 7		2567 19 11	24202 19 9

INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS, 1948.

In accordance with the terms of Circular Letter No. P.H. 11/48, dated 11th February, 1948 this enactment came into force on 1st March, 1948. The number of beneficiaries and the monies expended are shewn in the following table.

Year	Persons	Amount Expended	
		£	s. d.
1948	174	5,456	0 0
1949	190	10,155	6 3
1950	228	12,643	15 5
1951	314	16,931	8 6
1952	412	23,149	13 11

Section IV.

Maternity and Child Welfare.

(A) Infant Mortality.

The number of deaths of children under one year of age amounted to 74. This is equivalent to an infant mortality rate of 47 per 1,000. The figures for last year were 62 and 38 per 1,000 respectively. The corresponding figure for the whole country (Registrar-General's Annual Summary—subject to correction) was 42. The principal contributory factors were as follows :—

Premature birth and congenital debility	32
Diarrhoea and Enteritis	5
Broncho-pneumonia	10
Cerebrospinal Fever	5
Lobar pneumonia	3
Intra cranial haemorrhage	5
Tuberculous meningitis	3
Bronchitis	3
Other respiratory diseases	3

Table 42.—Infant Mortality, Cork City and Éire from 1881.

Year	Cork	Éire	Year	Cork	Eire
1881	124	89.4	1918	118	80.2
1882	127	94.9	1919	100	84.4
1883	109	95.0	1920	79	77.5
1884	110	91.9	1921	76	72.6
1885	120	91.3			
1886	110	93.9	1922	93	68.9
1887	123	93.6	1923	66	66.4
1888	139	96.0	1924	87	71.6
1889	125	92.0	1925	74	67.9
1890	106	91.6	1926	130	74.4
			1927	87	70.8
1891	138	91.4	1928	76	67.9
1892	150	99.9	1929	81	70.4
1893	132	99.8	1930	77	68
1894	150	97.4	1931	71	69
1895	131	98.0			
1896	106	91.0	1932	89	71
1897	152	104.0	1933	89	65
1898	131	105.2	1934	72	63
1899	133	103.2	1935	84	67
1900	120	105.3	1936	80	74
			1937	103	73
1901	139	95.5	1938	75	66
1902	127	95.2	1939	73	65
1903	112	92.2	1940	92	66
1904	118	95.8	1941	85	73
1905	131	90.2			
1906	133	88.0	1942	100	68
1907	139	88.5	1943	113	83
1908	134	91.2	1944	108	79
1909	125	87.3	1945	89	71
1910	96	89.1	1946	62	63
			1947	87	68
1911	139	91.3	1948	47	49
1912	107	82.1	1949	68	51
1913	136	93.1	1950	50	45
1914	119	81.0	1951	38	45
1915	132	85.2	1952	47	41
1916	105	81.3			
1917	108	84.0			

Table 43.—Infant mortality in Cork and other Irish Cities from 1920.

Year	Cork	Dublin*	Belfast†	Limerick*	Waterford*
1920	79	152	132	109	96
1921	76	143	115	113	102
1922	93	120	94	108	94
1923	66	117	101	128	78
1924	87	119	107	90	93
1925	74	117	104	91	106
1926	130	127	112	146	114
1927	87	123	101	102	83
1928	76	102	103	117	105
1929	81	106	112	118	110
1930	77	97	78	114	91
1931	71	94	90	120	92
1932	89	100	111	91	132
1933	89	83	102	126	103
1934	72	80	80	76	92
1935	84	94	112	106	126
1936	80	114	102	95	90
1937	102	102	94	68	97
1938	75	96	96	70	99
1939	73	90	86	59	73
1940	95	91	122	70	111
1941	85	118	91	95	88
1942	100	98	90	77	91
1943	113	126	111	76	100
1944	108	125	89	136	84
1945	89	111	84	88	74
1946	62	96	61	75	67
1947	87	85	60	90	77
1948	47	48	45	80	66
1949	68	95	55	75	60
1950	50	48	49	46	42
1951	38	45	44	32	45
1952	47	34	47	51	56

* Figures for current year obtained from *Annual Summary* of Registrar-General. Those for previous years have been corrected from figures in the *Annual Reports* of the Registrar-General for the appropriate years.

† Figures obtained from Superintendent Medical Officer of Health.

Table 44.—Deaths of infants *under one month* in Cork City and the ratio of same to the total number of infant deaths (i.e., under one year), together with the comparative figures for the whole country.

Year	CORK CITY		ÉIRE. Relation of deaths under one month to all infant deaths
	Deaths under one month	Proportion to all infant deaths	
1931	41	30.1 per cent	38.4 per cent.
1932	47	29.6 " "	35.9 " "
1933	56	33.3 " "	39.7 " "
1934	43	29.9 " "	38.7 " "
1935	39	26.2 " "	39.9 " "
1936	56	36.8 " "	40.5 " "
1937	58	31.4 " "	41.7 " "
1938	34	27.2 " "	42.4 " "
1939	47	39.8 " "	44.1 " "
1940	45	29.4 " "	42.0 " "
1941	52	30.9 " "	41.2 " "
1942	52	32.9 " "	39.5 " "
1943	91	46.4 " "	40.2 " "
1944	58	31.0 " "	41.9 " "
1945	61	39.3 " "	44.5 " "
1946	59	54.1 " "	45.5 " "
1947	68	42.5 " "	43.2 " "
1948	35	40.2 " "	46.1 " "
1949	55	42.0 " "	46.2 " "
1950	36	44.4 " "	—
1951	44	70.9 " "	—
1952	34	46.0 " "	—

Table 45.—Deaths of infants under 1 year, shewn as neo-natal and other deaths.

Cause of Death	Neo-Natal	Others	Total
Prematurity	15	1	16
Congenital Debility	7	—	7
Congenital Malformations	3	2	5
Diarrhoea and Enteritis	—	5	5
Broncho-pneumonia*	2	13	15
Intra-cranial Haemorrhage	5	2	7
Meningitis (Meningococcal)	—	5	5
Meningitis (tuberculous)	—	3	3
Diphtheria	—	1	1
Miscellaneous	2	8	10
Totals	34	40	70

† Including congenital cardiac disease.

* Including pneumonia and bronchitis.

In connection with this matter an investigation was carried out in this area, during the period 1943 to 1948, into the causes of infant deaths. One part of this enquiry was devoted to feeding and the resultant findings were of considerable interest. They are incorporated in the following table.

Table 46.—Relationship between the *mode of feeding* and infant deaths occurring **between ages 1 month and 12 months** (computed for the years 1943 to 1948 inclusive).

Cause of Death	No. of Deaths	Feeding	
		Breast	Artificial
Gastro enteritis	207	3	204
Broncho-pneumonia	101	16	85
Whooping Cough	22	1	21
Marasmus	27	2	25
Congen-Syphilis	14	—	14
Tuberculosis	10	—	10
Prematurity, etc.*	53	6	47
Meningitis	6	3	3
Infect. Diseases	5	—	5
Convulsions	21	—	21
Septic Infection	3	1	2
Miscellaneous	45	8	37
Total	514	40	474

*Including congenital debility and congenital malformations.

It will be noted that the protection afforded by breast-feeding is not confined to gastro-enteritis. Its influence is markedly felt in the case of bronchitis too and, indeed, in the infections generally. There seems to be no doubt whatever that breast-feeding is the best start in life which any child can receive. All the accumulated evidence points to this and our great problem is to find out why some mothers cannot, and others will not nurse their babies. We see, therefore, the importance of an educational campaign to foster the adoption of natural methods of feeding on a much wider scale. Such a campaign should by no means be confined to the mothers themselves. There is only too good reason to conclude that many medical practitioners and nurses do not realise the fundamental importance of this question.

(B).- Rhesus Factor Testing.

No. of Rh. investigations undertaken during 1952	431 (401)
No. of women found to be Rh-positive (D positive)	350 (320)
No. of women found to be Rh-negative (D negative)	69 (71)
No. of repeat antibody investigations on Rh-neg. women	12 (10)
No. of women found to have immune antibodies	7 (7)

The figures in brackets relate to the corresponding amount of work done in 1951.

In forwarding these particulars Dr. Ryan (M.O. in charge of the Blood Transfusion Centre) commented that Erinville Hospital and St. Finbarr's Hospital were almost entirely responsible for the samples submitted, these hospitals having a routine typing service for all their maternity cases. In practice the service has been totally neglected by the general run of practitioners in the area. This is very regrettable. The need for such a service has been universally recognised and it is reasonable to assume that if it were more extensively utilised many infant lives would be saved each year. If only one were saved it would justify itself. All City practitioners have been notified of it. It is entirely free.

(C) Notifications of Births.

The Acts bearing on this subject are the Notification of Birth Acts, 1907, which was adopted by the Corporation in September, 1922, and the Notification of Births (Extension) Act, 1915. These Acts place an obligation on certain individuals to notify to the Medical Officer of Health within thirty-six hours, births which have occurred in the area. The object of the Acts is to enable the Local Authority to afford advice and assistance to parents on the care and upbringing of children.

The general procedure in connection with the notification of births was outlined in my Report for the year 1942. The total number of such notifications received during the year amounted to 1,620. The number of *live births registered* during the same period, according to the Annual Summary of the Registrar-General was 1,581.

(D) Maternal Mortality.

There was 1 death under this heading during the year.

Table 47.—The number of deaths of women directly attributable to or associated with pregnancy or childbirth, together with the rate per 1,000 births during each of these years, for the City of Cork. (Corrected for Births and Deaths in public institutions).

Year	Deaths from Puerperal Septic Diseases		Deaths from accidents of Pregnancy or Childbirth		Deaths from causes associated with Pregnancy or Childbirth (not included in foregoing)		Total Deaths caused by, or associated with Pregnancy or Childbirth	
	No.	Rate per 1000 Births	No.	Rate per 1000 Births	No.	Rate per 1000 Births	No.	Rate per 1000 Births
1924	5	2.55	6	3.05	1	0.51	12	6.11
1925	5	2.54	5	2.54	1	0.51	11	5.59
1926	3	1.66	8	4.42	—	—	11	6.08
1927	5	2.74	6	3.28	—	—	11	6.02
1928	3	1.64	9	4.92	1	0.55	13	7.11
1929	—	—	4	2.24	—	—	4	2.24
1930	1	0.46	3	1.37	—	—	4	1.83
1931	1	0.52	7	3.63	—	—	8	4.10
1932	1	0.55	8	4.28	—	—	9	4.95
1933	1	0.54	8	4.32	1	0.54	10	5.40
1934	5	2.60	2	0.52	—	—	7	3.60
1935	1	0.51	5	2.56	—	—	6	3.08
1936	1	0.52	4	2.08	—	—	5	2.60
1937	—	—	—	—	—	—	—	—
1938	—	—	6	3.51	—	—	6	3.51
1939	1	0.58	3	1.75	—	—	4	2.30
1940	—	—	8	4.6	—	—	8	4.00
1941	—	—	5	2.9	—	—	5	2.91
1942	—	—	3	1.7	—	—	3	1.70
1943	1	0.56	2	1.12	—	—	3	1.61
1944	2	1.14	6	3.42	—	—	8	4.56
1945	—	—	4	2.36	—	—	4	2.36
1946	—	—	2	1.10	—	—	2	1.10
1947	—	—	1	0.50	—	—	1	0.50
1948	—	—	—	—	1	—	1	0.50
1949	—	—	—	—	1	—	1	0.50
1950	—	—	—	—	1	—	1	0.60
1951	—	—	—	—	2	—	2	1.20
1952	—	—	—	—	1	—	1	0.62

"... a closer liaison between the general practitioner and the maternity and child welfare department would benefit both the curative and preventive services. . . . It is disappointing that little advantage is being taken throughout the city by general practitioners of the clinic and other facilities provided for the examination of the blood from expectant mothers. There is no excuse for the deaths (approximately twelve annually) which are due to failure to ascertain the Rhesus factor during the ante-natal period. Yet only half the mothers are tested for Rh."

DR. STUART LAIDLAW, M.O.H., GLASGOW. ANN. REP. 1951.

(from *Lancet*, 24 Jan., 1953, p.192).

Table 48.—Maternal Mortality in different areas.

Year	Whole Country		Cork City		City of Dublin		Belfast		Limerick County Borough		Waterford County Borough	
	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births
1920	326	4.8	13	5.8	55	6.0	95	7.7	3	2.9	2	2.7
1921	336	5.5	8	4.0	53	6.5	53	4.7	1	1.0	3	5.1
1922	370	6.3	7	3.6	61	7.1	55	5.1	12	11.8	—	—
1923	328	5.3	4	1.9	46	5.5	58	5.3	16	5.6	3	4.9
1924	330	5.2	12	6.1	46	5.0	46	4.4	1	0.9	4	5.9
1925	312	5.0	11	5.6	42	4.9	29	2.8	3	2.8	4	6.4
1926	329	5.4	11	6.1	31	3.5	57	5.5	5	4.8	—	—
1927	291	4.8	11	6.0	23	2.8	36	3.7	5	4.8	3	4.7
1928	318	5.4	13	7.1	31	3.5	43	4.6	5	4.5	2	3.0
1929	283	4.9	4	2.2	30	3.4	43	4.8	7	6.2	1	1.6
1930	294	5.0	4	1.8	43	4.1	44	4.6	4	3.7	3	4.6
1931	272	4.7	8	4.1	29	2.1	54	5.7	4	3.5	3	4.5
1932	235	4.9	9	4.9	33	3.1	49	5.5	8	4.0	6	8.6
1933	255	4.4	10	5.4	22	2.1	42	5.2	7	7.1	2	2.8
1934	304	5.2	7	3.6	41	3.7	57	6.3	2	1.9	—	—
1935	272	4.6	6	3.0	38	3.3	54	6.0	6	5.5	4	4.0
1936	273	4.7	5	2.6	42	3.5	57	6.2	2	2.0	3	4.5
1937	204	3.3	—	—	33	2.8	56	6.1	3	2.9	4	5.8
1938	204	3.6	6	3.5	29	2.5	48	5.2	4	4.0	3	4.8
1939	150	2.7	4	2.3	23	2.0	—	4.4	1	1.0	1	1.6
1940	227	4.0	8	4.6	21	1.9	37	4.2	3	3.0	7	10.3
1941	209	3.7	5	2.9	21	1.8	31	3.6	3	3.0	1	1.6
1942	163	2.4	3	1.7	20	1.6	31	3.2	1	0.9	2	2.5
1943	162	2.5	3	1.6	15	1.2	32	2.9	1	0.9	—	—
1944	176	2.7	7	3.8	18	1.4	24	2.3	1	0.9	2	2.8
1945	159	2.4	4	2.4	17	1.3	18	1.8	4	3.5	1	1.4
1946	132	2.0	2	1.1	14	1.1	23	2.2	2	1.6	—	—
1947	130	1.8	1	0.5	12	0.9	13	1.2	7	5.4	—	—
1948	124	1.9	1	0.5	8	0.6	13	1.3	3	2.7	1	1.5
1949	106	1.6	1	0.5	14	1.1	8	0.8	1	1.0	—	—
1950	61	1.1	2	0.6	13	1.0	6	0.7	—	—	1	1.5
1951	74	1.2	2	1.2	3	0.2	3	0.3	1	0.9	—	—
1952	81	1.2	1	0.6	12	0.9	9	1.0	—	—	—	—

The above figures were obtained from the *Annual Reports* of the Registrar-General with the exception of those for the years 1949 and 1950 (which were taken from the *Annual Summary* for that year) and those for Belfast, from 1922 onwards, which were kindly supplied by the Superintendent Medical Officer of Health. All figures include deaths from sepsis arising from abortion and miscarriage.

STATISTICS.

Return of Health Visitors Work:

(A) Under one year :

(1) Primary Visits	1514
(2) Secondary Visits	3974

(B) One to two years

Total Visits	2864
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(C) Two to five years

Total Visits	3690
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(D) Expectant Mothers :—

Primary Visits	796
Secondary Visits	652

Work carried out at Clinic :

Attendances of infants under one year	3226
Attendances of children one to five years	4901
Total number of attendances	8127

Table 49—Summary of Cases seen by Medical Officer.

Month	Attendances			At Ages		Screen Examns.	Referred to Hosp.
	1st Visit	Re-visits	Total	Under 1 Year	1 to 5 Years		
Jan.	75	141	216	124	92	54	8
Feb.	88	224	312	204	108	37	12
March	85	201	286	149	137	34	4
April	108	206	314	180	134	34	4
May	131	326	457	305	152	39	5
June	141	409	550	308	242	51	7
July	131	397	528	336	192	49	5
Aug.	115	386	501	286	215	42	5
Sept.	138	526	664	352	312	46	11
Oct.	96	437	533	272	261	50	7
Nov.	66	248	314	165	149	39	7
Dec.	63	220	283	150	133	34	9
Total	1,237	3,721	4,958	2,831	2,127	509	84

X-Ray Examinations	74
Bacteriological and other examinations	168
Referred to Orthopaedic Clinic	35
Referred to U.V.L. Clinic	—

Debility	49
Rickets	14
Bronchitis	19
Anaemia	5
Others	10

Total — 97

Total number of U.V.L. Treatments 1611

(E) Child Health

Home Visiting :

During the year, 1514 primary and 10,528 secondary visits were made. As live births notified during the year numbered 1,553, the number of primary visits carried out can be regarded as satisfactory. The number of secondary visits could with advantage be increased but this is not possible with the present limited health visiting staff.

Early in the year the home visiting cards and the notification of birth forms were modified so that information obtained from both sources is no longer duplicated. Provision is now made on the notification of birth forms for the inclusion of birth weights as it is felt that this may make an important contribution towards assessing the problem presented by premature birth. Home visiting cards were simplified and after due consideration of the various factors involved it was decided to reduce the number of entries required at each visit.

The important contribution which routine home visiting makes towards the promotion of healthy infancy and childhood cannot be too strongly emphasised. The confidence and co-operation of the mother is best obtained when individual advice is given in the home. Moreover it is only in the home that the health visitor can fully grasp many of the problems with which the mother is faced and thus be in a position to give appropriate advice. It is frequently the mother who is unable or unwilling to attend clinics who is most in need of advice.

Child Health Clinic:

During the year 1,545 infants and children attended the clinic for the first time and a total of 8,127 attendances were recorded. The clinic nurses dealt with routine problems of management and advised on simple feeding disorders. In order to achieve uniformity of advice on the general principles of infant feeding diet sheets for various age groups were prepared. Standardisation was avoided by adding notes on individual requirements.

Cases seen by Medical Officer :

The medical officer saw 1,237 infants and children, who had not previously attended the clinic and dealt with a total of 4,958 consultations. It was found necessary to arrange for the admission of 84 children to hospital. 35 children were referred for orthopaedic treatment and 97 were referred for actinotherapy. At the latter end of the year a clinic where breathing exercises are taught to children suffering from asthma and chronic bronchitis was initiated and 10 cases were referred.

Increased use was made of *screening* facilities, a total of 509 screen examinations being carried out. *X-Ray examination* was found necessary in 74 cases and 746 *tuberculin tests* were made and a total of 168 specimens were sent for bacteriological and pathological examination.

A daily record was made of the varied medical conditions met with at the clinic and these are summarised below :—

Gastro-Intestinal System :—Feeding Disorders—738; Gastro-Enteritis—233; Oxyuris Infestation—69; Ascaris Infestation—33; Thrush—36; Aphthous Stomatitis—31; Chronic Non-Specific Diarrhoea—28; Abdominal Tuberculosis—12; Coeliac Disease—11; Gingivostomatitis—10; Thrichuris Infestation—6; Vincents Angina—4; Pyloric Stenosis—4; Malena—3; Anal Fissure—3; Miscellaneous—8;

Respiratory System :—Coryza—273 ; Bronchitis—127 ; Active Primary Tuberculosis—24 ; Primary Tuberculosis with Pulmonary Collapse—15 ; Pulmonary Collapse (non-tuberculous)—8 ; Bronchopneumonia—8 ; Laryngotracheo-bronchitis—5 ; Asthma—5 ; Miscellaneous—10.

Genito-Urinary System :—Eneurisis—12 ; Pyelonephritis—11 ; Phimosis—5 ; Cystitis—4 ; Vulvo-Vaginitis—4 ; Serotal Cellulitis—2 ; Miscellaneous 7.

Central Nervous System :—Spasmus Nutans—3 ; Convulsions—2 ; Epilepsy—2 ; Congenital Hemiplegia—2 ; Littles Disease—2 ; Tuberculous Meningitis—2 ; Suppurative Meningitis—1 ; Erb Duchenne Paralysis—1 ; Congenital Cerebellar Atresia—1 ;

Cardio-Vascular System :—Congenital Heart Disease—12 ; Rheumatic Carditis—5 ; Cardiac Arrhythmia—1 ; Mitral Stenosis—1.

Infectious Diseases :—Pertussis—35 ; Scarlet Fever—19 ; Measles—8 ; Sonne Dysentery—8 ; Flexner Dysentery—4 ; Varicella—5 ; Infective Hepatitis—3 ; Rubella—2 ; Mumps—2 ; Diphtheria—1.

Diseases of Ear, Nose and Throat :—Otitis Media—77 ; Acute Pharyngitis—12 ; Acute Follicular Tonsillitis—10 ; Chronic Tonsillar Infection—6 ; Acute Sinusitis—6 ; Mastoiditis—2 ; Tuberculous Otitis—2 ; Persistent Epistaxis—1.

Diseases of the Eye :—Conjunctivitis—28 ; Blepharitis—7 ; Chronic Naso-lacrymal Block—4 ; Phlyctenular Conjunctivitis—2 ; Ophthalmia Neonatorum—1 ; Micro-Ophthalmia—1 ; Glaucoma—1.

Diseases of the Skin :—Papular Urticaria—113 ; Seborrhoeic Dermatitis—45 ; Eczema—41 ; Impetigo—41 ; Cutaneous Abscesses—14 ; Ringworm—12 ; Umbilical Polypi—12 ; Umbilical Sepsis—6 ; Generalised Furunculosis—4 ; Ecthyma—4 ; Scabies—4 ; Miscellaneous—17.

Congenital Defects :—Umbilical Hernia—58 ; Inguinal Hernia—12 ; Club Foot—5 ; Mongolism—5 ; Mental Deficiency—4 ; Hydrocephalus—3 ; Cleft Lip—3 ; Cleft Palate—2 ; Deaf Mutism—2 ; Spina Bifida—2 ; Pilo Nidal-cyst—2 ; Pharyngeal Deformity—2 ; Congenital Dislocation of Hip—1.

Miscellaneous :—General Debility—202 ; Nutritional Anaemia—54 ; Acute Cervical Lymphadenitis—41 ; Rickets—20 ; Trauma—20 ; Valgus Ankles (severe)—13 ; Marasmus—12 ; P.U.O.—10 ; Torticollis—8 ; Tuberculous Cervical Lymphadenitis—7 ; Pink Disease—5 ; Genu Valga (Severe)—5 ; Generalised Non-Specific Lymphadenitis—4 ; Acute Mastitis—3 ; Others—26.

Some of the conditions most frequently seen are worthy of further comment.

Feeding Disorders.—The disorders met with in order of frequency were underfeeding, dietetic diarrhoea, intestinal colic, overfeeding, cyclical vomiting ; fat intolerance ; rumination, pyloric spasm and bulimia.

General Debility.—In the majority of cases debility was transitory following intercurrent infection. The remaining cases fell into that ill-defined group who suffer from subnormal nutrition, poor posture, lassitude and anorexia without evidence of active disease. The response to treatment with iron, vitamins (including B12) and actinotherapy was on the whole satisfactory.

Gastro-Enteritis.—Although it is not always possible to differentiate between the dietetic, symptomatic and infective forms of gastro-enteritis it was endeavoured to include only infective cases in this group. While the majority of cases were only mildly dehydrated when first seen some severe cases were also met with. Treatment with normal saline given orally, followed by the use of modified dried milks together with succinylsulphathiazole antibiotics was adopted.

Otitis Media.—With the exception of one case, which was referred for surgery, the response to chemotherapy was satisfactory.

Intestinal Parasites.—The incidence of intestinal parasitic infestation in the city is high and particularly so in the case of *Ascaris* and *Trichuris* infestations. As examination of the faeces is necessary for confirmation of *trichuris* infestation this parasite probably occurs more commonly than the figures given above indicate.

Papular Urticaria.—This condition, although not serious, was very common and at times caused considerable distress. Treatment with local analgesic and astringent ointments, local application and oral administration of antihistamines, sedation and also by dietetic alterations was carried out.

Cases of Interest.

The following cases of particular clinical interest are mentioned briefly :

Pulmonary Collapse.—Of the 23 cases of pulmonary collapse seen 15 were due to tuberculosis. 19 were lobar and 4 segmental in nature. The distribution was as follows :—right middle lobe—14 ; lingular—3 ; right basal—3 ; left basal—2 ; apical—1.

Infantile Cortical Hyperostosis.—While 7 cases have been reported in Britain this is the first case of this nature recorded in this country. A note on this case appeared in the July issue of the *Irish Journal of Medical Science*.

Diphtheria.—The case of diphtheria was faecal in type and occurred in an infant, aged 22 days, and was, therefore, of particular interest. Reference was made to this case in a paper on neo-Natal Diphtheria, which is awaiting publication in the *Archives of Diseases of Childhood*.

Osteogenesis Imperfecta Tarda.—This case was of interest as the mother suffered from the same disease. This case, together with the case of Frohlich's Syndrome, was shewn at a meeting of the Cork Clinical Society held at the City Hall in December.

Admission of Patients to Hospital.

The great majority of admissions were to St. Finbarr's Hospital with which liaison is maintained (in this regard thanks is due to Dr. R. G. Barry, Physician in Charge of the Paediatric Wards).

Structural Alterations to Clinic.

During the year dressing cubicles were provided and plans were prepared for further structural alterations which will greatly facilitate the work carried out in the clinic.

Breast Feeding.

In November a survey into the problem of breast feeding was begun. It is as yet premature to draw any statistical conclusions but it is already obvious that only a small percentage of mothers continue to breast feed their infants after the first two weeks.

In an effort to increase breast feeding notification of pregnancy was introduced so that expectant mothers could be forwarded pamphlets which pointed out the many advantages of natural feeding and also contained instructions on the preparations to be made for breast feeding. These pamphlets were also circulated in the city maternity hospitals. Free milk was supplied to nursing mothers in order to encourage the continuance of breast feeding. This scheme was arranged by the Cork Child Welfare League and administered by the Staff of the Child Health Clinic. It is desired to pay tribute to the members and committee of the Cork Child Welfare League for valuable assistance and co-operation in the work of the clinic.

Antenatal Clinic

796 expectant mothers were seen at the clinic during the year. They were provided with milk vouchers and given medicines.

It is the practice of the clinic to encourage mothers to attend the clinics attached to Erinvilla Hospital and St. Finbarr's Hospital for antenatal examination.

(F) Supervision of Midwives.

1. Number of Midwives in Practice :—

Certificate of C.M.B.	...	...	...	49
Other recognised certificates	...	...	...	16
				—
Total	...	...	...	65

2. Number of Midwives according to type of practice :—

Attached to public institutions	...	...	...	9
Conducting only private maternity or nursing homes	...	...	...	7
Dealing with less than five cases per year	...	...	...	5
Monthly nurses	...	...	...	18
Others	...	...	...	26
				—
Total	...	...	...	65

3. Number of visits of inspection of midwives ...	...	...	312
4. Disinfection of appliances ...	...	...	—
5. Reasons for summoning Medical help :—			
Abnormal presentation ...	...	...	2
Obstructed and delayed Labour ...	...	...	2
Post partum haemorrhage ...	...	...	1
Ruptured perineum ...	...	...	1
Retained (&c.) Placenta ...	...	...	1
Miscellaneous ...	...	...	2
6. Notifications of still births ...	...	...	93
7. Notifications of artificial feeding ...	...	...	145
8. Notifications of having laid-out dead bodies ...	...	...	1
9. Notifications of deaths ...	...	...	60
10. Puerperal Pyrexia ...	...	...	1

It was unnecessary to undertake any legal proceedings against midwives during the year.

ARTIFICIAL FEEDING.

Cracked or inverted nipples ...	...	...	...	100
Health would not permit ...	...	...	...	91
Insufficient ...	...	...	...	49
Refusals (no cause assigned) ...	...	...	...	179
Business Reasons				21
				<hr/> 440

The above figures refer to all notifications received during the year and include County cases treated in City Nursing Homes.

Section V.

School Medical Service.

The medical inspection of the following groups was carried out during the year :—

Entrants—Pupils born in 1946 and pupils born in 1944 and 1945 if not previously examined.

Second Age Group—Pupils born in 1943 and pupils born in 1940, 1941 or 1942 who had been absent for routine examination or had not been examined previously.

Third Age Group—Pupils born in 1939 and pupils born in 1937 or 1938 who had been absent for routine examination or had not been examined previously.

Other Inspections—Those pupils who, at the last routine inspection, had been marked down for further observation or treatment, also those pupils examined at the request of Head Teachers, School Nurses, Parents, etc.

Number of Children Inspected.

I. Routine Inspections	.....	.....	.....	3,449
Entrants	.....	.....	1,212	
Second Age Group	.....	.....	1,177	
Third Age Group	.....	.....	1,060	
II. Other Inspections	.....	.....	.....	3,252

It will be noted that the number of medical inspections is lower than that for last year. This is due to the fact that a Diphtheria Immunisation campaign was carried out in the schools between September and December.

The following are the numbers of children immunised during this campaign :—

Children whose course of immunisation was completed :—

Under 5 years	220
Over 5 years	1,171

Re-inforcing injections were given to 801 children.

252 children did not complete treatment and are being followed up.

Table 50—Return of Defects found by Medical Inspection for the Year ended 31st December, 1952.

Disease or Defect	Routine Inspections	Other Inspections
	Number of Defects	Number of Defects
SKIN :		
Ringworm—Scalp	9	—
Ringworm—Body	—	1
Scabies	3	2
Impetigo	20	11
Other Diseases	23	9
EYE :		
Defective Vision	192	390
Strabismus	156	284
Blepharitis	31	45
Conjunctivitis	22	91
Styes	9	37
Other Conditions	13	75
EAR :		
Defective Hearing	2	9
Otorrhoea	24	82
Other Conditions	23	79
NOSE AND THROAT :		
Enlarged Tonsils and Adenoids	104	190
Other Conditions	11	65
HEART AND CIRCULATION :		
Heart—Congenital	9	17
Heart—Organic	6	10
Heart—Functional	9	3
Anaemia	12	7
LUNGS :		
Bronchitis	28	11
Bronchiectasis	2	2
Pneumonia (including bronchopneumonia, lobar pneumonia and segmental pneumonia)	2	4
Asthma	1	2
Polycystic disease	—	1
Sarcoidosis	—	1
Idiopathic pulmonary haemosiderosis	—	1
Other diseases (i.e. mild upper respiratory tract infections not included above)	3	1
NERVOUS SYSTEM :		
Chorea	—	1
Epilepsy	—	2
Hemiplegia	2	1
Other Conditions	1	1
TUBERCULOSIS :		
Primary pulmonary	2	1
Pulmonary with cavitation	1	1
Cervical glandular	1	3
Mediastinal Abscess	—	1
Pleural effusion	—	—
DEFORMITIES :		
Congenital (Including funnel chest and pigeon chest)	22	6
Due to tuberculosis	1	—
Due to anterior poliomyelitis	2	1
Other Deformities of Lower Limb (Including flat feet, valgus ankles, genu valgum, etc.)	5	5
Other Deformities (including rickets scoliosis and torticollis)	12	7
Cleido cranial dyostosis	1	—
INFECTIOUS DISEASES:		
Chicken pox	2	1
Diphtheria	—	1
Infectious mononucleosis	—	1
Infective hepatitis	—	3
Mumps	2	1
Scarlet fever	—	2
Cocillac Disease	1	4
Diabetes	1	—
Froehlich's syndrome	1	—
Hernia	10	1
Rheumatic fever	1	—
Other diseases and defects	57	52
Minor Injuries, etc.	2	8

Defective Nutrition.

Percentage of mal-nourished children 0.1

Uncleanliness.

Percentage of verminous children Boys and Girls 7.5
 " " " " Girls 10.9
 " " " " Boys 4.6

Table 50 A—Percentage of Conditions of Uncleanliness

	Head Nits Present	Head Pediculi Present	Body Pediculi Present
Girls	10.6	2.4	0.1
Boys	4.2	0.9	0.1

Unsatisfactory Clothing and Footgear.

Boys and Girls 2.3%
 Boys 2.6%
 Girls 2.0%

Table 51—Proportion of principal Diseases and Defects found by routine Medical Inspection

Disease or Defect	Percentage
Defective Nutrition	0.1
Verminous Conditions	7.5
Skin	1.6
{ Defective Vision	5.6
Eye - Strabismus	4.5
{ Other Diseases and Defects	2.2
Ear	1.0
Nose and Throat { Enlarged Tonsils and Adenoids	3.0
{ Other Conditions	0.3
Heart and Circulation	1.0
Lungs (Non-Tuberculous Disease)	1.0
Tuberculosis { Pulmonary	0.1
{ Non-Pulmonary	0.03
Nervous System	0.1
Deformities	1.2
Infectious Diseases	0.1
Other Diseases and Defects	2.1

Table 52—Average Height and Weight of Children inspected and Comparison with the Average Standard. (Baldwin and Woods Tables)

BOYS

Age	No. examined	Average Height in ins.	Average Weight in lbs.	Average Standard Weight for Height	Percentage over or under Weight according to Standard
5	273	42	43	39	10.3% over
6	333	44	45	43	4.6% over
8	340	49	56	55	1.8% over
9	290	50	60	58	3.4% over
12	337	56	79	77	2.6% over
13	229	57	83	82	1.2% over

GIRLS

Age	No. examined	Average Height in ins.	Average Weight in lbs.	Average Standard Weight for Height	Percentage over or under Weight According to Standard
5	215	42	41	39	5.1% over
6	278	44	44	42	4.8% over
8	270	48	54	52	3.8% over
9	230	50	58	59	1.7% under
12	296	56	79	78	1.3% over
13	175	58	87	88	1.1% under

TREATMENT OF DEFECTS.

The following figures do not include treatment of children who attend City Schools but who reside in the County and are therefore referred to the County School Medical Service for treatment.

Enlarged Tonsils and Adenoids
Operative Treatment

Under the School Medical Service Scheme	By Private Practitioners	Total
182	25	207

Other Defects and Diseases of Nose and Throat

Treated at :—

Intern Dept. of Hospitals associated with S.M.S. Scheme	6
Extern Dept. of Hospitals associated with S.M.S. Scheme	20
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	2

Total Number Treated	28
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Defective Vision

Submitted to Refraction		Glasses Prescribed			Change of Glasses not necessary	Glasses not Prescribed
Under the School Medical Service Scheme	By Private Practitioners	Under the School Medical Service Scheme	By Private Practitioners	Total		
341	41	306	41	347	27	8

Other Defects and Diseases of Eye

Treated at :—

Intern Dept. of Hospitals associated with S.M.S. Scheme	21
Extern Dept. of Hospitals associated with S.M.S. Scheme	273
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	15
Total Number Treated	309

Ear Diseases and Defects

Treated at :—

Intern Dept. of Hospitals associated with S.M.S. Scheme	15
Extern Dept. of Hospitals associated with S.M.S. Scheme	163
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	9
Total Number Treated	187

REVIEW OF DEFECTS TREATED UNDER THE SCHOOL MEDICAL SERVICE SCHEME

Skin.

152 cases were treated at the School Clinic. They consisted of Scabies 37, Impetigo 81, Ringworm Scalp 8, Ringworm Body 9 and others 17.

Eye.

(a) DEFECTIVE VISION.

341 cases were refracted at the hospitals associated with the Scheme. Lenses (and frames when obtainable) were supplied by Messrs. James Mangan, Ltd., and were given free of charge to 323 children.

(b) EXTERNAL EYE.

309 cases were treated at the hospitals associated with the Scheme and 159 at the School Clinic. The former included surgical treatment of 26 cases of strabismus and 1 case of enucleation of eye. Other cases treated included corneal ulcer 15, keratitis 9, iritis 3, nebula 1, subluxation of lens 1. 118 cases of squint and amblyopia had orthoptic treatment.

Ear.

187 cases were treated at the hospitals associated with the Scheme. They included surgical treatment of 6 cases of mastoiditis and 3 of aural Polypi. The majority of the other cases treated were otitis media.

Nose and Throat.

TONSILS AND ADENOIDS.

182 cases had operative treatment at the hospitals associated with the Scheme.

OTHER DISEASES AND DEFECTS.

28 cases were treated at the hospitals associated with the Scheme.

Heart and Circulation.

Two cases of congenital heart disease (patent ductus arteriosus) were operated on successfully by Mr. Hickey at St. Finbarr's Hospital. It is hoped that with the advent of a cardiologist and increased facilities for investigation of congenital heart disease further cases may be found suitable for operation.

Lungs.

Two cases of bronchiectasis were also operated on by Mr. Hickey at St. Finbarr's Hospital, one had a pneumonectomy and one a lobectomy.

Tuberculosis.

An open case of advanced pulmonary tuberculosis was found in one school. In view of this it was decided to investigate the class of 39 boys and the teacher. Parents of two of the pupils refused to allow the investigation. 79% of the boys, whose average age was 13 years, had a positive tuberculin test. This figure approximates closely to that obtained by the Irish Red Cross Society in its survey of school children in Cork in 1944 for children of the same age group (81%). All the positive reactors were x-rayed and another open case of tuberculosis was found. The latter case had nothing to do with the original case as he had only arrived in this country from America some weeks previously. He has since returned to America where he has had a lobectomy. The teacher had a clear x-ray.

During the year 131 other tuberculin tests were carried out at the School Clinic. Among these were found 3 cases of primary pulmonary tuberculosis, 4 cases of cervical glandular tuberculosis, 1 tuberculous mediastinal abscess and 1 pleural effusion. It is hoped that the B.C.G. campaign, which is due to start in the schools early in 1953, will meet with the success it merits.

It will be noticed that the pulmonary complaints are given in greater detail than usual. This is due to the fact that facilities for their investigation are available in the City Hall. As the existing School Medical Service deals mainly with diseases of the ear, nose and throat and eye it is hoped that, in the not too distant future, similar facilities will be available for these conditions,

A meeting of the Cork Clinical Society was held at the City Hall on the 5th December, 1952 and two pulmonary cases—polycystic disease and idiopathic pulmonary haemosiderosis—were shown. A description of the latter case was published in the October issue of the *British Journal of Tuberculosis and Diseases of the Chest*.

Infectious Diseases.

13 cases of infectious diseases were seen at the School Clinic, including the only case of infectious mononucleosis notified in the Borough during the year.

Cleanliness.

Nits were present in 10.6% (4.1%) of girls' heads and 4.2% (0.1%) of boys' heads. These percentages show an appreciable increase on the figures for 1951 which are shown in brackets. The number of cases treated at the School Clinic was 36.

Minor Injuries, etc.

82 cases were treated at the School Clinic.

"Following up" of children inspected and found to be suffering from physical defects :—

Number of Children visited	.....	.....	1,328
Number of visits paid	.....	.....	1,463
Number of attendances at the School Clinic			
for Treatment of Minor Ailments			919
Total Number of Attendances at the School Clinic			5,520

Children residing in the County and attending Schools within the Borough.

Referred to the County School Medical Service for treatment :

For Nose and Throat Defects	.....	.....	24
For Eye Defects	.....	.....	115
For Ear Defects	.....	.....	1
For Dental Defects	.....	.....	504

DENTAL SECTION.

Number inspected, 3,196.

Number requiring treatment, 2,362 (73.9%).

Table 53.—Dental Caries. Particulars of Treatment Carried out for Children Resident in County Borough.

No. of Children treated	No. who completed treatment	Extractions			Fillings			Scalings Dressings, Silver Nitrate and Chromic Acid Treatments
		Temp. Teeth	Perm. Teeth	Total	Temp. Teeth	Perm. Teeth	Total	
3,320	2,171	6,065	1,489	7,554	89	1,341	1,430	2,002

General anaesthetics were given to 1,100 children.

Number of attendances at Dental Clinic, 6,219.

Visits paid to defaulters 154.

Number who attended as a result of visits paid 89.

School Meals.

The Grant for the Meals was £4,000 and the number of children catered for 4,073. The meals were given in twenty-four schools and were as follows :—

- A. Milk—Central District.
- B. Milk with buns, bread or bread and jam—The Cathedral, St. Mary's, Eason's Hill, St. Francis' Boys, St. Francis' Girls, South Presentation Monastery, St. Marie's of the Isle, SS. Peter and Paul's Senior Girls, SS. Peter and Paul's Infant Girls, SS. Peter and Paul's Infant Boys, St. Joseph's Monastery, St. Nicholas Boys' and St. Nicholas Girls'. Blackpool, St. Mary's of the Rock, Strawberry Hill Boys, Strawberry Hill Girls, North Pres. Convent Infants Boys and Girls.
- (C) Cocoa and buns or bread and jam—Christian Brothers Blarney Street, North Presentation Convent Senior Girls, Clochar Chriost an Ri, South Presentation Convent Girls, South Presentation Convent Boys.
- (D) Buns—St. Vincent's Convent, Presentation Brothers Monastery, Greenmount.

Table 54.—Floor and Cubic Space per Pupil in Average Attendance :

NATIONAL SCHOOL	Average Attendance	Square ft. per pupil in average attendance	Cubic ft. per pupil in average attendance
Clochar Chriost an Ri	553.2	8.0	98.5
Angel Guardian, Mayfield	232.9	8.6	114.3
North Monastery	825.1	8.7	141.3
South Presentation Convent, Boys	237.3	9.5	104.5
Mainistir Chriost an Ri	539.8	9.7	114.0
Christian Brothers, Blarney Street	509.5	10.4	184.2
North Presentation Convent, Senior	926.9	10.7	129.0
The Cathedral	368.3	10.9	129.3
Strawberry Hill, Boys	146.9	11.0	132.2
Scoil Neasain Naomhtha	454.1	11.2	157.2
Strawberry Hill, Girls	150.5	11.3	135.7
St. Nicholas Girls, Blackpool	297	11.4	162.9
St. Mary's of the Rock	271.3	11.5	196.3
North Presentation Convent, Infants	614.2	11.6	204.1
St. Patrick's Infants	293.4	11.7	215.4
St. Marie's of the Isle	1,107.3	12.2	167.4
St. Nicholas Boys, Blackpool	420.9	12.8	160.4
St. Vincent's Convent	1,299	12.8	186.2
St. Francis' Boys	155.7	13.1	151.1
SS. Peter and Paul's Senior Girls	129.2	13.7	199.6
South Presentation Convent, Girls	1,286.1	14.3	157.0
St. Mary's, Eason's Hill	182.9	15.8	188.9
St. Patrick's Senior Boys	214.8	16.0	208.1
St. Patrick's Senior Girls	200.1	16.2	272.1
Presentation Bros., Greenmount	442.5	16.3	331.6
SS. Peter and Paul's Infant Girls	105	16.5	247.0
St. Joseph's Monastery, Mardyke	294.5	16.6	231.8
South Presentation Monastery	351.9	17.9	259.3
SS. Peter and Paul's Infant Boys	93.9	19.1	286.1
Bun Scoil Gobnatan	112.9	26.2	785.6
Ard Scoil Gobnatan	89.4	30.2	906.0
St. Francis' Girls	72.2	30.5	365.6
Scoil Barra	107.1	40.0	1,200.5
St. Fiobar's, Dean Street	27.9	55.9	670.1
St. Luke's	32	68.0	1,269.5
Central District	45.9	68.4	1,094.9
Summerhill	21.1	102.4	2,047.4
St. Mary, Shandon	10.5	127.9	2,044.5
St. Nicholas', Cove Street	25.2	151.5	1,999.3

Section—VI. Control of Food Supplies

The following report has been contributed by Mr. S. R. J. Cussen, Chief Veterinary Officer :—

The Food Hygiene Regulations 1950, were made by the Minister for Health in exercise of the powers conferred on him by the Health Act, 1947. These Regulations came into operation on the 1st of Feb. 1951, except Part 4 which deals with the Registration of Food Premises.

The Health Act repealed, among other enactments, sections 132 to 136 of the Public Health (Ireland) Act 1878, which gave power to deal with the seizure, condemnation, and destruction of unsound food. The power to deal with unsound food is now conferred by Article II of the Food Hygiene Regulations. Part 2 of the Regulations deals with :—(a) The sale of unfit food. (b) Importation of unfit food. (c) Inspection of Articles of food, sampling, etc. Part 3 deals with food premises, food stalls, transport and handling of food.

The provisions of the Regulations are enforced by Local Authority Veterinary Inspectors, and Health Inspectors. The duties of the Veterinary Inspectors are confined principally to the inspection of milk and meat and may be summarised as follows :—

(1). Inspection of meat and meat products, derived from cattle, sheep, pigs, and goats, at butchers (including pork butchers) shops and stalls. They will also be responsible to the Health Authority for ensuring compliance with the regulations in respect of such premises.

(2). The inspection of milk and dairy premises and the enforcement of the provision of the Milk and Dairies Act and Regulations made thereunder.

(3). The enforcement of the provisions of the Slaughter of Animals Act in regard to the humane treatment of animals at slaughterhouses and the licensing of slaughtermen.

(4). In Local Authority areas where one or more wholetime veterinary inspectors are employed, the veterinary inspector will be responsible for the inspection of poultry in premises where poultry are dressed and prepared or slaughtered for sale, and he will also be responsible for the inspection of such premises.

(5). The enforcement of bye-laws relating to slaughterhouses public abattoirs, and the sale of meat,

(A) SUPERVISION OF MILK.

(a) Sedimentation (or Dirt) Test.

This test was carried out in 1,534 instances. The results are shewn in Table 63. This test has a strictly limited value. It is easily applied and the results can be demonstrated at the time to the milk vendor. It reveals only gross contamination by physical dirt (e.g. dust, hair, &c.), and gives no indication of the amount of bacterial contamination. From an examination of Table 55 one would be inclined to believe that there was no cause for complaint in regard to the City milk supply which, as we know, is far from being the case. For several years widespread complaints have been received of souring and there is no reason to doubt that these complaints are fully justified. This souring is due to the multiplication of lactic acid forming organisms which increase with great rapidity in warm weather and cause such souring of the milk as to render it undrinkable to the great majority of persons. These organisms, of course, pass through the mesh of the ordinary strainer and through the pad of the minit tester. The real value of this test is extremely limited. It enables the sampling officer to demonstrate the presence of visible dirt and in this way may be successful in bringing about an improvement in methods. This limitation must be kept in mind in interpreting the results of table 55. Together with Table 56 it shows us that some such improvement has taken place, but nothing more.

Table 55.—Result of Dirt Test.

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1930	412	8	72	118	156	58
1931	408	23	61	82	139	103
1932	630	4	27	108	265	226
1933	485	3	27	105	221	129
1934	339	—	19	51	148	121
1935	223	—	7	21	103	92
1936	227	3	21	43	106	54
1937	206	5	31	80	70	20
1938	174	3	36	83	49	3
1939	714	61	184	224	193	52
1940	736	163	251	176	115	31
1941	440	120	162	82	59	17
1942	516	119	223	88	67	19
1943	534	138	248	87	53	8
1944	540	159	235	80	54	12
1945	839	45	292	331	143	28
1946	860	50	416	245	135	14
1947	518	27	199	177	96	19
1948	585	43	224	143	132	43
1949	584	53	173	209	123	26
1950	833	101	410	202	108	12
1951	1673	228	762	558	119	6
1952	1534	249	726	424	128	7
Totals	14,010	1605	4806	3737	2782	1099

In order to test the general tendency in regard to cleanliness the last two columns of this table have been taken together and further analysed. The results are shown in the next table.

Table 56.—Proportion of Samples classified as "Dirty,"

Year	No. of Samples Examined	Dirty	Proportion
1930	412	214	51.9 per cent.
1931	408	242	59.3 "
1932	630	491	77.9 "
1933	485	350	72.2 "
1934	339	269	79.3 "
1935	223	195	87.4 "
1936	227	160	70.9 "
1937	206	90	43.6 "
1938	174	52	29.8 "
1939	714	245	33.9 "
1940	736	146	19.8 "
1941	440	76	17.2 "
1942	516	86	16.6 "
1943	534	61	11.3 "
1944	540	66	12.2 "
1945	839	171	20.3 "
1946	860	149	17.3 "
1947	518	115	22.2 "
1948	585	175	29.9 "
1949	584	149	25.5 "
1950	833	120	14.4 "
1951	1673	125	7.5 "
1952	1534	135	8.8 "

It will be seen from Table 56 that the proportion of dirty samples is gradually decreasing. This result might be interpreted in the wrong light, one might think that the milk supply is considerably improved. It is improved in so far as the visible dirt is taken out of it, by passing it through a number of strainers before it reaches the consumer.

There is no noticeable improvement in the quality of the milk generally. The producer is depending on the strainer to remove the gross contamination which gets into the milk after it is drawn from the cow, rather than use it as an indication of the methods employed.

At the time of milking if the producer is careless, milk is liable to become contaminated by hay seeds, sops of hay, cow hairs, dirt and dust from the body of the cow and surrounding byre. All this foreign matter is teeming with bacteria. These are washed into the milk at the time of straining, in which they multiply rapidly, thereby impairing the keeping quality of the milk, by causing early souring.

It should be the aim of every producer to prevent the milk from contamination by cleanliness in every direction.

Of the 1,534 samples referred to above in connection with the Sedimentation Test, 659 were brought to the laboratory for further tests (the balance being returned to the vendors). The tests (and their results) on these samples were as follows :—

(b) Reductase Test.

The modified Wilson test was used. This has been fully described in previous reports. In order to assist in the interpretation of results the values attached to the various grades are appended.

Grade	No. of Samples	Interpretation of Results
I	332	Less than 500,000 bacteria per ml.
II	246	500,000 to 4,000,000 bacteria per ml.
III	58	4,000,000 to 20,000,000 bacteria per ml.
IV	23	Over 20,000,000 bacteria per ml.
Total	659	

(c) Microscopic Test.

The results of this test, carried out for the detection of acid fast bacilli and other organisms, were as follows :

Acid fast bacilli	3
Streptococci	18
Pus Cells	74
Blood	11
Normal	553

Total 659

(d) Biological Test (for presence of tubercle bacilli).

It has not been practicable to apply this test to *all* samples of milk collected, mainly owing to the impossibility of procuring sufficient guinea pigs. For this reason it was found possible only to examine 87 samples. The results obtained are set in Table 57.

Table 57.—**Tubercle Bacilli in Milk**—Results of Biological Tests

Year	No. of Tests	Positive	Proportion Positive
1931	2	—	—
1932	14	1	7.1 per cent.
1933	63	—	—
1934	10	—	—
1935	25	4	16.0 „
1936	201	13	6.4 „
1937	23	—	—
1938	90	7	7.7 „
1939	71	5	7.0 „
1940	94	4	4.2 „
1941	96	4	4.1 „
1942	105	2	1.9 „
1943	75	6	8.0 „
1944	68	4	5.8 „
1945	99	4	4.0 „
1946	101	4	3.9 „
1947	77	4	5.2 „
1948	74	—	—
1949	100	2	2.0 „
1950	87	5	5.7 „
1951	87	2	2.3 „
1952	98	3	3.0 „
Total	1660	74	4.45 „

The figures for individual years are, on the whole, on the small side so far as reliable information is concerned. The sum total, however, of some 1,660 tests yielding an approximate proportion of 4.4 per cent. positive may be regarded as a fairly accurate index of the amount of tubercle infection in the local milk supply.

Work carried out for the Department of Agriculture.

Over and above the samples already referred to 153 further samples were examined on behalf of the Department of Agriculture. These included 47 samples collected within the Borough Boundary and the results obtained with these 47 samples are given below. (The other samples coming, as they did, from various outside sources are not regarded as being within the scope of this report). The 47 samples collected in the City area were made up as follows :

Highest Grade	.....	12	Samples
Standard	.....	12	„
Pasteurised	.....	12	„
Pre-pasteurised	.....	11	„
		<hr/>	
		47	

Eleven of the *Highest Grade* Samples fell into Grade I of the Reductase Test and one into Grade IV. In the case of *Standard Milk*, eleven samples fell into Grade I and one into Grade II. B.Coli were found in two of the "Highest Grade" samples and in three of the "Standard Milk Group". The average fat content was 3.6 per cent. for the Highest Grade and 3.5 per cent. for Standard Milk.

<i>Pasteurised</i>			<i>Pre-pasteurised</i>		
Sample	No.	Bacteria per ml.	Sample	No.	Bacteria per ml.
	1	27,000		1	2,450,000
	2	20,000		2	1,380,000
	3	82,000		3	1,240,000
	4	560,000		4	1,630,000
	5	12,000		5	996,000
	6	10,000		6	1,250,000
	7	17,000		7	1,880,000
	8	12,000		8	2,500,000
	9	20,000		9	2,240,000
	10	9,000		10	1,110,000
	11	30,000		11	1,560,000
	12	264,000			

All these samples of pasteurised and pre-pasteurised milk were collected at the Dairy Science Institute, University College, Cork. The remaining 106 samples examined on behalf of the Department of Agriculture were collected at creameries and submitted by the chief Medical Officers of the following County areas.

Cork	.....	.....	80	Samples
Kerry	.....	.....	2	„
Waterford	.....	.....	24	„

Over and above these 153 samples examined for the Department of Agriculture, 32 were examined on behalf of the South Cork Board of Health, the results being transmitted to the County Medical Officer and the Veterinary Inspector who submitted the samples.

Prosecutions.

(a) Milk and Dairies Act, 1935.

Sixteen prosecutions were undertaken for failure to observe the provisions of the above Act. Fifteen of the prosecutions were successful and one was marked proved. The maximum fine imposed was £1 10s. (and costs) and the minimum fine 1/- (and costs). The total fines amounted to £8 10s. 6d., which averages 10s. 8d., per conviction. One of the prosecutions was made under Sec. 24 of the Act which relates to the sale of milk by unregistered dairymen. Twelve under Sec. 59, relating to the prohibition of the sale of dirty milk and the remaining three under Sec. 60 relating to the sale of milk in public places and conspicuous inscription of the words of the dairyman's name and address on the vehicle &c., and the word "Bainne ar díol," "Uachtar ar díol" or "Blatach ar díol". The latter inscription has some importance from the legal point of view since it appears that a dairyman could not be prosecuted for other infringements of the Act if this inscription were lacking from his vehicle.

(B) The Milk and Dairies Regulations, 1936.

31 persons were prosecuted for breaches of these Regulations. 27 convictions were obtained (fines amounting to £6 9s. 6d., were imposed). 4 cases were marked "proved" and costs were imposed. In respective successful prosecutions the following Articles of the Regulations were invoked :

Article 8	(2)	(One Case). This Article prescribes the general duties of a dairyman and relates in particular to the commission of offences by any person in his employment and the steps to be taken by the employer to prevent the commission of such offences.
„ 9	•	(Two Cases). Relates to the general duties of an employee and the duty to take all reasonable precautions to prevent the exposure to infection or contamination of the milk to which he has access.
„ 22	(3)	(Seven Cases). Prescribes the proper cleansing of utensils and appliances.
„ 22	(5)	(One Case). Proper storing of vessels and appliances.
„ 25		(Two Cases). Prohibits the deposition or keeping or dealing with milk in certain places.
„ 27		(Two Cases). Keeping of milk in uncovered vessels.
„ 28		(Seven Cases). Relates to the cleanliness of persons having access to milk.
„ 40	(1)	(Four Cases). Relates to vehicles used for the conveyance of milk.
„ 41	(2)	(Two Case).
„ 42	(1)	(One Case). Relates to the sale of milk from a receptacle to be provided with a tap.
„ 43	(1)	(Two Cases). Prohibition of opening vessels outside dairy.

The Price of Milk.

Owing principally to rising costs of production the price of milk has been steadily increasing since 1940. Trends in this area are shewn in the following tables.

(a) Price of loose milk (*Producer to retailer*)

	s.	d.	
1939	0	11 $\frac{1}{8}$	per gallon
1940	0	11 $\frac{1}{8}$	" "
1941	1	1 $\frac{1}{3}$	" "
1942	1	1 $\frac{1}{3}$	" "
1943	1	3	" "
1944	1	5 $\frac{1}{8}$	" "
1945	1	6.83	" "
1946	1	6.85	" "
1947	1	10 $\frac{1}{2}$	" "
1948	1	11 $\frac{1}{2}$	" "
1949	1	11 $\frac{3}{4}$	" "
1950	1	11 $\frac{1}{2}$	" "
1951	2	0 $\frac{1}{2}$	" "
1952	2	1 $\frac{1}{4}$	" "

(b) Price of loose milk (*retailer to consumer*)

	d.	d.	
1940	2 $\frac{1}{2}$	to 3	per pint loose
1941	2 $\frac{1}{4}$	" 3	" " "
1942	2 $\frac{1}{2}$	" 3 $\frac{1}{4}$	" " "
1943	2 $\frac{1}{2}$	" 3 $\frac{1}{2}$	" " "
1944	2 $\frac{3}{4}$	" 3 $\frac{1}{2}$	" " "
1945	2 $\frac{3}{4}$	" 3 $\frac{1}{2}$	" " "
1946	2 $\frac{3}{4}$	" 3 $\frac{3}{4}$	" " "
1947	3 $\frac{1}{4}$	" 4 $\frac{1}{4}$	" " "
1948	3 $\frac{1}{4}$	" 4	" " "
1949	3 $\frac{1}{2}$	" 4 $\frac{1}{4}$	" " "
1950	3 $\frac{1}{4}$	" 4 $\frac{1}{2}$	" " "
1951	3 $\frac{1}{2}$	" 4 $\frac{3}{4}$	" " "
1952	3 $\frac{3}{4}$	" 4 $\frac{3}{4}$	" " "

The retail price of milk was first fixed in September 1940 by the Minister of Agriculture and this price is varied from time to time by the Minister on the recommendation of the Milk Board.

Consumption of Milk.

The amount of milk consumed shews a tendency to increase. There is no reason to doubt that this increase would be greatly accelerated if the character of the supply were more satisfactory. The tendency to souring, which is such a marked characteristic in warm weather, is bound to have a deterrent effect on the majority of people. The *average daily* consumption during the year 1952 was 9,787 gallons. The trend in this direction is shewn as follows :

Year	Consumption
1940	8,444 gallons
1941	8,497 "
1942	8,808 "
1943	9,037 "
1944	9,028 "
1945	9,356 "
1946	9,477 "
1947	9,524 "
1948	9,684 "
1949	9,781 "
1950	9,863 "
1951	9,853 "
1952	9,787 "

These figures apply to the Cork Milk Board Area (which comprises a wide area outside the City). There are no figures for milk consumption in the County Borough itself. I am indebted to the Secretary of the Board for the information.

(B) MEAT INSPECTION.

Meat Inspection Depot :—8,011 bovine carcasses were examined. Of this number 1,054 (13.15%) were found to be affected with varying degrees of Tuberculosis. It was found necessary that 9 such carcasses (0.11%) should be totally destroyed as unfit for human consumption while 1,045 (13.04%) were partially condemned. In addition to the 8,011 bovine carcasses 36,390 sheep carcasses were also examined and of this number 2 carcasses (0.005%) were totally condemned and 7 partially (0.02%) for diseases other than Tuberculosis.

2,147 Veal carcasses were examined and of this number 10 were wholly condemned and 1 partially condemned as being affected with Tuberculosis. 424 Pork carcasses were also examined and of this number 1 carcass (0.23%) was totally condemned and 17 partially (4.25%) condemned as being affected with tuberculosis.

Table 58.—The amount (by weight) of meat examined and condemned at the Depot was as follows :—

Variety	Quantity Examined	Tuberculosis		Other Diseases	
		Quantity Condemned	Pro-portion	Quantity Condemned	Pro-portion
	lbs.	lbs.		lbs.	
Beef ...	4,005,500	9,571	0.24%	1,165	0.03%
Mutton ...	107,350	—	—	186	0.17%
Veal ...	84,887	400	0.48%	422	0.49%
Pork ...	84,800	720	0.85%	100	0.12%

The amount of offals condemned at the Depot for Tuberculosis and other conditions was as follows :—

Part	Tuberculosis	Other Diseases	Total
Lungs ...	1,628	—	1,628
Heart ...	814	—	814
Livers ...	295	351	646
Kidneys ...	13	—	13
Head and Tongues ...	381	—	381
Total	3,131	351	3,482

Meat seized in shops and voluntarily surrendered during the year :—

	Seized	Surrendered
Beef ...	—	48,802 lbs.
Pork ...	—	46,135 „
Bacon ...	—	— „
Veal ...	—	1,897 „
Fish ...	—	20,398 „
Fruit ...	—	310 „
Poultry ...	—	— „

Slaughterhouses and Bacon Factories.

Table 59.—**Tuberculosis.** Particulars of animals killed in local slaughterhouses and the incidence of tuberculosis therein :—

Species	Number	Affected	Totally Condemned	Partially Condemned
Cattle	3,627	576 (15.8%)	9 (0.2%)	567 (15.6%)
Sheep	10,437	—	—	—
Calves	2,825	23 (0.8%)	16 (0.56%)	7 (0.24%)

7,775 lbs. of Beef (representing 0.4%) of the quantity examined were condemned on account of tuberculosis.

Bacon Factories :—Particulars of pigs slaughtered in bacon factories and reserved for local consumption in the form of pork and sausages were supplied to us by the Veterinary Inspectors of the Department of Agriculture. The number of pigs was 2,168 of which 758 (34.9%) were found to be affected with tuberculosis. 22 of these (1.0%) were totally condemned and 736 (33.9%) partially condemned.

25,522 lbs. (2.9%) of pork were condemned on account of tuberculosis.

Table 60.—**Diseases other than Tuberculosis.**— Particulars of incidence found in slaughterhouse killings :—

Species	Number	Affected	Totally Condemned	Partially Condemned
Cattle	3,627	2 (0.06%)	2 (0.06%)	—
Sheep	10,437	9 (0.09%)	9 (0.09%)	—
Calves	2,825	10 (0.35%)	8 (0.28%)	2 (0.07%)

730 lbs. of beef (representing 0.04% of the quantity examined) were condemned on account of diseases other than tuberculosis.

Bacon Factories :—0.001% of pork was condemned on account of diseases other than tuberculosis.

Table 61.—Inspections carried out in *slaughterhouses* by our Veterinary Staff were as follows :—

Species	Carcases Examined	Condemned		
		Wholly	Partially	Meat & Offals
Cattle	3,627	11	567	10,201 lbs.
Sheep	10,437	9	—	336 „
Calves	2,825	24	9	660 „

THE SLAUGHTER OF ANIMALS ACT, 1935.

The provisions of the Act were observed by occupiers of slaughter-houses and slaughtermen, consequently there were no prosecutions under the Act during the period under review.

The provisions of this Act were outlined in the 1937 Annual Report, it is not proposed to make further reference to them here.

PREPARATION OF MEAT AND MEAT PRODUCTS

The number of premises within the Cork Urban Sanitary District where meat and meat products are prepared for human consumption is as follows :—

Slaughter Houses—

Licenced (under the Public Health Act, 1878)	13
Registered (being in use before the 1878 Act)	2
Registered (under the Fresh Meat Act)	4

Bacon Factories—

Where Pigs are slaughtered for Production of Bacon	4
Where Pigs are slaughtered for Bacon and Pork	4
Where Cattle are slaughtered in addition to Pigs	4

Sausage Factories	15
Triperies	6

Number of inspections made of premises where meat is prepared and sold :—

Slaughter Houses	1,293
Sausage Factories	988
Triperies	29
Meat Markets	1,078
Butcher Shops	3,778
Pork Shops	311

In addition to the above the following inspections were made :—

Provision Shops	2,180
Fish Shops	549
Fruit Shops	5
Hawkers' Stands	468

COMPULSORY MEAT INSPECTION

Bye Laws with respect to the sale of meat within the County Borough of Cork were made and adopted by the Corporation on the 23rd August, 1949 and came into operation on the 1st March, 1950. Under these Bye Laws no meat shall be exposed or offered for sale or sold within the Co. Borough for human consumption unless same shall have been previously inspected and passed as fit for human consumption and stamped by an officer appointed by the Corporation for that purpose.

Under these Bye Laws the owner of a carcase of any slaughtered animal the meat of which is intended for human consumption shall convey or cause to be conveyed to the meat Inspection Depot for the purpose of inspection the carcase and organs thereof and he shall not remove or cause to be removed the Lymphatic Glands from the carcase or the organs nor modify or obliterate any evidence of disease in any part of the carcase organs or viscera of the animal by washing, rubbing, stripping or any other manner before examination.

Prosecutions : 4 Persons were prosecuted for non-observance of the above Bye-Laws.

2 Convictions were obtained and fines amounting to £0 10s. 0d., and costs imposed.

1 case marked Proved with payment of Costs

With reference to the successful prosecutions.

Article	Number Prosecuted	Number Convicted	Fines
2	2	2	£0 10 0

Maximum fine 5/-

Minimum fine 5/-

Article 2 provides that no meat shall be exposed or offered for sale or sold within the County Borough for human consumption unless the same has been inspected and passed as fit for human consumption in the manner provided in these Bye-laws.

FOOD HYGIENE REGULATIONS

During the year 1952 inspectors were engaged principally on the survey of food premises for registration. After the premises were surveyed notices were served on proprietors, specifying the works required to be carried out, before the premises could be registered. Some proprietors experienced difficulty in carrying out the works required. When requested the inspectors discussed the problems with the proprietor, his builder or architect and where alternative suggestions were made, which did not infringe the provisions of the Food Hygiene Regulations they were accepted by the inspectors. Generally inspectors found traders very co-operative.

29 premises were registered.

80 premises were provisionally registered.

14 premises were refused registration.

The Minister for Health made the Food Standards (Ice Cream) Regulations 1952 which prescribed the following standards for the composition of ice cream and fixed the 1st August 1952 as the date on which these regulations came into force.

Ice Cream shall contain :—

- (a) not less than five per cent. by weight of milk fat
- (b) not less than nine per cent. by weight of milk solids (other than milk fat) and
- (c) not less than ten per cent. by weight of sugar.

During the period 1st August to 31st December, 1952 twenty samples of ice cream were taken for analysis by the public analyst and only one sample was found not to be up to standard. The manufacturer was prosecuted and a fine of 5/- and costs was imposed.

During the summer months it was found necessary to warn some traders to protect their foodstuffs against flies. Inspectors advised traders how to protect their wares and they advocated the use of D.D.T. sprays where they could be used without risk of contaminating food.

Table 62.—Summary of work done in connection with the Food Hygiene Regulations, 1950.

Premises	District			Totals
	South	Centre	North	
Hotels	—	36	72	108
Restaurants	173	340	106	519
Confectioners	13	48	44	105
Ice Cream Manufacturers	234	51	46	331
Bakeries	34	35	48	107
Food Manufacturers	28	40	104	172
Foodstalls	10	273	89	372
Food Vehicles	27	26	30	83
Other Food Premises	1352	563	464	2379
Occasional Food Premises	—	—	—	—
Notices Served	43	150	66	259
Registrations	8	17	4	29
Provisional Registrations	5	59	16	80
Registration Refused	3	9	2	14

PROSECUTIONS :—6 Persons were prosecuted for non-observance of the above Regulations.

6 Convictions were obtained and fines amounting to £3 7s. 6d., and costs imposed.

With reference to the successful prosecutions :—

2 Summonses were brought under Article 31 (2)

1 " " " " " 9

3 " " " " " 25 (1)

Article	Number Prosecuted	Number Convicted	Fines Imposed	
31 (2)	2	2	£0 15 0	Costs
9	1	1	1 10 0	"
25 (1)	3	3	1 2 6	"
Totals	6	6	£3 7 6	

Maximum fine imposed was £1 10s. 0d.

Minimum fine imposed was 5/-

Article 31 (2) Relates to cleanliness of Food Workers.

" 9 Relates to the Sale of diseased, contaminated or otherwise unfit food.

" 25 (1) Relates to the cleanliness of Food premises.

**(C) SALE OF FOOD AND DRUGS ACTS.
MILK.**

Appended herewith is the Report of the City Analyst (Mr. D. J. O'Sullivan, M.Sc., F.I.C.).

Table 63.—Samples submitted for Analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1952 ...	85	81	4
June 30th, 1952 ...	97	86	11
Sept. 30th, 1952 ...	63	61	2
Dec. 31st, 1952 ...	84	80	4
Totals ...	329	308	21

BUTTER.

Table 64.—Samples submitted for analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1952 ...	3	3	—
June 30th, 1952 ...	6	6	—
Sept. 30th, 1952 ...	8	7	1
Dec. 31st 1952 ...	5	5	—
Totals ...	22	21	1

SPIRITS.

Table 65.—Samples submitted for analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1952 ...	3	3	—
June 30th, 1952 ...	4	4	—
Sept. 30th, 1952 ...	—	—	—
Dec. 31st, 1952 ...	18	17	1
Totals ...	25	24	1

Table 66.—Miscellaneous samples submitted for analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1952	100	100	—
June 30th, 1952 ...	136	136	—
Sept. 30th, 1952 ...	136	133	3
Dec., 31st 1952 ...	164	163	1
Totals ...	536	532	4

Table 67 —Showing details in regard to miscellaneous samples examined during the year.

Articles	No. of Samples	Articles	No. of Samples
Margarine	21	Salt	2
Confectionery	2	Sardines	6
Custard Powder	30	Salad Dressing	9
Pearl Barley	3	Pickles	1
Sausages	18	Peas	3
Drugs	7	Farola	4
Cheese	13	Carrots	1
Cocoa	21	Iceing Sugar	4
Beer	4	Tea	11
Flour	17	Beans	4
Cornflour	31	Ginger	1
Coffee	7	Dripping	3
Vinegar	12	Condensed Milk	2
Oatmeal	6	Drugs	17
Cream	8	Tea Cake Mixture	6
Pudding	2	Pea Flour	2
Mineral Waters	1	Lemon Crystals	2
Jam	14	Suet	4
Jelly	16	Sandwich Spread	3
Tapioca	1	Orange Curd	1
Blanemange	2	Patent Food	1
Semolina	12	Pepper	1
Honey	2	Ovaltine	2
Sauce	16	Marmite	1
Glucose	1	Canned Lobster	1
Sugar	3	Syrup	2
Rice	20	Arrowroot	1
Lard	8	Gelatine	3
Lemon Curd	5	Dessert Powder	1
Coco Cola	2	Baking Powder	4
Sago	2	Meat Extract	1
Bisto	18	Flavouring Essence	1
Currants	1	Celery Salt	1
Sultanas	2	Relish	1
Browning	1	Cookeen	2
Pepper Compound	7	Mincemeat	1
Condensed Cream	3	Spice	1
Bovril	3	Preserved Cherries	1
Cider	1	Almond Essence	1
Milk Pudding Mixture	5	Erinox	1
Soup Powder	16	Formaline	1
Fish Paste	2		
Meat Paste	6		
Mustard	10		
Sweets	2		
		TOTAL	536
Ice Cream	37		

Table 68. Return of Offences detected by the Food and Drugs Inspectors during the year.

Particulars of Offence			Results of Proceedings	
			Fines	Costs
Milk Deficient in fat			5/-	17/4
" "	6%		case marked proved and dismissed	
" "	8%			
" "	10%		5/-	17/4
" "	10%		5/-	17/4
" "	10%		20/-	17/4
" "	11%		5/-	17/4
" "	11%		5/-	17/4
" "	11%		5/-	17/4
" "	13%		5/-	17/5
" "	13%		summons not served	defendant not traced
" "	15%		5/-	17/4
" "	16%		7/6	17/4
" "	16%		5/-	17/4
" "	18%		100/-	17/4
" "	30%		7/6	17/5
" "	33%		No action, sample	not taken correctly
Ice Cream	44%	deficient in milk fats	5/-	18/6

Section VII.—Water Supply.

BACTERIOLOGICAL EXAMINATIONS.

In the report for 1931 I outlined the procedure adopted in connection with the examination of the supply at the bacteriological laboratories of University College, Cork, by Prof. W. J. O'Donovan. In the year 1928 Dr. O'Donovan undertook a detailed and systematic examination in which a very large number of samples were studied. Our subsequent procedure has been based on his findings of that year and his recommendations have resulted in a supply of a consistently high degree of purity. In 1952, as in former years, samples were collected and examined on five days during each week. The procedure included an estimate of the number of bacteria growing at 37° C. in 48 hours. The total number of samples examined amounted to 253. The average number of bacteria in 1 c.c. was 9.7 and the number of samples sterile in 1 c.c. was 4.

The routine procedure in connection with these examinations is that samples are collected by the staff of the Public Health Department in special sterilised bottles. These samples are transmitted to the Laboratory for examination. A report is sent to the City Medical Officer who, in turn, sends a copy to the Water Engineer. In the event of an unsatisfactory sample coming to light in the laboratory the subsequent cycle of events is speeded up by telephonic communications between the various departments pending receipt of a subsequent formal report. In this manner there is exercised a triple check in the purification and distribution of the supply.

In the following tables are summarised the results of the various examinations carried out during the year (and previous years) at the Bacteriological Laboratories, U.C.C., by Prof. O'Donovan and his staff.

Table 69.—Summary of results of routine examinations of water

Total Routine Samples of Tap Water	Bacillus Coli Test					Average daily No. of Bacteria per c.c.	No. of Samples sterile in 1 c.c.
	100 c.c's —ive	100 c.c's +ive	50 c.c's +ive	10 c.c's +ive	1 c.c's +ive		
253	249	—	1	3	—	9.7	4

(In no instance was B. Coli Type I isolated)

As stated above, the examinations carried out during the year included an estimation of the numbers of bacteria growing at 37° C. in 48 hours. The findings are set out in the following table and compared with those of previous years.

Table 70.—Comparative results of examinations of tap water made during each of the years from 1931 to 1952.

Year	Total number of samples examined	BACILLUS COLI TEST				
		100 ml -ive	100 ml +ive	50 ml +ive	10 ml +ive	1 ml +ive
1931	260	242 (93.0%)	9 (3.5%)	9 (3.5%)	— —	— —
1932	260	245 (94.2%)	3 (1.2%)	12 (4.6%)	— —	— —
1933	253	244 (96.4%)	4 (1.6%)	4 (1.6%)	1 (0.4%)	— —
1934	261	249 (95.4%)	4 (1.5%)	6 (2.3%)	2 (0.8%)	— —
1935	252	235 (93.2%)	3 (1.2%)	7 (2.8%)	5 (2%)	2 (0.8%)
1936	252	244 (96.8%)	2 (0.8%)	5 (2%)	1 (0.4%)	— —
1937	253	235 (92.9%)	11 (4.3%)	6 (2.4%)	0 —	1 (0.4%)
1938	254	251 (98.8%)	1 (0.4%)	0 —	1 (0.4%)	1 (0.4%)
1939	259	254 (98.0%)	1 (0.4%)	3 (1.2%)	1 (0.4%)	— —
1940	261	244 (92.7%)	2 (0.8%)	10 (3.8%)	5 (1.9%)	2 (0.8%)
1941	266	255 (92.1%)	10 (3.7%)	8 (3%)	1 (0.4%)	2 (0.8%)
1942	254	244 (96.1%)	3 (1.2%)	2 (0.8%)	5 (1.9%)	— —
1943	255	253 (99.2%)	—	—	2 (0.8%)	—
1944	255	239 (93.7%)	—	6 (2.4%)	7 (2.7%)	3 (1.2%)
1945	255	246 (96.5%)	—	3 (1.2%)	4 (1.5%)	2 (0.8%)
1946	254	252 (99.0%)	—	1 (0.4%)	1 (0.4%)	—
1947	257	249 (96.9%)	1 (0.4%)	1 (0.4%)	6 (2.3%)	—
1948	253	246 (97.2%)	0 —	3 (1.2%)	1 (0.4%)	3 (1.2%)
1949	254	246 (96.8%)	2 (0.8%)	4 (1.6%)	2 (0.8%)	—
1950	251	251 (100%)	0 —	0 —	0 —	0 —
1951	253	252 (99.6%)	0 —	0 —	1 (0.4%)	0 —
1952	253	249 (98.4%)	0 —	1 (0.4%)	3 (1.2%)	—

The bacteriological results indicate that a high degree of purity was maintained during the year, indicating a corresponding degree of efficiency in the purification plant.

Table 71.—Average number of bacteria per cubic centimetre growing at 37° C. from daily sample for each month.

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1932	14.0	0.8	1.6	4.6	4.5	5.4	44.1	20.3	2.2	4.6	4.7	2.2
1933	1.8	1.0	1.1	1.5	1.8	4.1	19.2	14.6	2.7	2.1	1.3	3.9
1934	1.1	1.6	1.3	1.4	3.4	21.2	18.4	7.4	1.7	4.0	4.2	4.0
1935	2.9	2.7	1.6	1.0	2.7	2.1	2.9	5.2	8.9	7.9	4.4	1.2
1936	1.2	1.2	0.9	1.6	1.9	1.9	5.0	1.8	3.4	1.4	2.7	3.9
1937	4.1	2.8	1.4	1.2	0.7	0.2	3.7	1.0	2.8	6.4	2.8	5.4
1938	1.8	2.2	1.9	1.5	0.9	1.4	2.0	1.4	2.2	2.0	2.6	2.2
1939	1.7	1.4	2.9	2.6	1.7	21.5	6.6	6.7	3.0	30.8	9.4	3.5
1940	1.8	5.3	1.8	1.0	1.3	4.4	11.8	4.2	4.5	4.5	4.5	2.8
1941	2.2	0.7	2.8	1.6	10.1	7.3	4.6	4.1	1.4	1.6	7.2	1.4
1942	3.4	2.7	7.0	2.6	2.5	3.9	5.8	4.9	6.4	2.1	4.8	3.0
1943	2.3	1.2	1.3	1.7	2.4	6.0	5.1	1.2	4.7	2.3	1.9	2.5
1944	2.6	2.0	2.2	2.2	1.3	1.4	2.5	4.3	3.1	1.9	1.8	2.9
1945	2.2	2.3	2.4	2.3	1.8	2.1	3.7	3.7	2.7	3.2	2.4	2.1
1946	2.6	3.1	1.6	2.3	2.1	2.9	2.1	1.2	1.2	5.3	2.9	1.7
1947	2.7	1.8	2.2	2.2	3.5	1.1	1.7	2.3	2.4	2.0	2.6	2.4
1948	3.3	2.5	3.4	2.0	2.2	4.1	3.8	2.8	2.5	3.3	2.9	1.8
1949	3.5	5.0	3.9	3.4	3.4	3.8	4.3	4.0	5.2	6.1	4.5	3.5
1950	4.4	4.6	3.2	4.5	2.4	2.9	7.4	5.6	5.1	9.9	7.9	7.9
1951	4.3	4.5	5.6	3.9	3.8	5.9	3.5	3.0	6.1	7.1	5.9	5.0
1952	8.6	28.4	7.5	7.2	3.6	6.5	5.6	25.5	7.0	7.4	5.4	4.8

Table 72.—Average consumption of Water per Head, per Day (in gallons).

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1934	39.6	40.0	39.1	39.9	39.2	42.1	42.8	40.6	41.4	38.6	39.0	40.2
1935	38.5	40.2	40.1	41.2	41.2	43.6	46.8	48.1	46.5	43.5	43.4	35.2
1936	47.6	44.1	44.0	44.4	46.5	47.1	47.1	46.4	44.5	44.8	44.1	43.8
1937	42.7	43.1	41.8	41.6	45.1	45.9	45.9	46.3	45.7	45.0	43.1	42.7
1938	41.5	40.3	39.5	41.4	40.5	40.5	40.9	39.8	41.3	40.6	39.7	41.8
1939	45.6	40.9	39.9	40.1	40.0	44.2	42.8	41.6	41.8	39.5	37.5	37.2
1940	44.7	43.1	39.8	39.3	40.2	44.0	44.9	42.6	41.9	38.6	36.7	39.3
1941	38.5	39.1	39.2	37.9	38.9	40.8	43.1	42.6	42.0	40.4	38.8	37.5
1942	36.7	36.5	36.3	37.4	37.7	38.5	41.1	39.6	39.7	37.7	37.6	36.4
1943	35.5	35.6	36.4	38.0	37.7	39.3	43.3	40.4	42.1	40.2	35.7	37.8
1944	35.2	36.8	38.1	37.6	38.8	38.5	35.0	36.3	40.8	36.7	35.9	36.8
1945	38.8	50.0	40.3	41.0	41.2	43.2	44.2	42.6	44.0	41.3	39.0	40.0
1946	38.8	38.9	39.8	40.3	40.5	40.7	42.4	41.2	42.3	42.6	40.9	40.5
1947	42.9	45.3	44.5	42.0	43.5	46.4	46.0	47.8	46.9	44.8	43.9	46.8
1948	44.5	43.4	45.3	45.1	45.4	47.1	48.0	46.8	47.0	47.3	44.8	45.2
1949	42.8	43.2	43.1	44.8	45.6	49.0	51.2	46.0	49.7	47.1	46.7	47.3
1950	46.3	46.4	46.4	45.9	48.1	52.2	50.9	47.0	48.2	47.0	45.2	48.9
1951	45.9	45.3	46.0	47.0	48.4	49.4	52.6	48.4	50.0	51.1	48.7	47.7
1952	44.8	49.7	46.9	47.0	48.6	49.7	52.1	48.4	50.3	47.1	46.5	50.3

Section VIII.—Sanitary Department.

Table 73—Return of work performed by Health Inspectors.

District	INSPECTION OF										SERVED			
	Houses and Yards	Tenement Houses	Tenement Rooms	Infected Dwellings	Common Lodging Houses	Milk Shops	Bakeries	Work Shops	Slaughter Houses	Factories	Out-workers	Justices Orders	Notices to abate nuisance	Shops
No. 1 ...	4133	159	541	35	4	33	2	16	—	—	—	3	276	333
No. 2 ...	2961	998	3648	78	—	3	—	23	2	—	—	19	191	117
No. 4 ...	4100	1464	6127	49	—	41	4	12	3	—	—	7	173	282
No. 5 ...	4970	1521	3835	30	57	166	4	298	—	—	—	4	249	1825
No. 6 ...	2605	2183	4635	34	18	—	9	40	2	—	—	19	247	513
No. 7 ...	2723	959	3301	56	—	—	—	2	—	—	—	11	303	238
Female Inspector	—	—	—	—	—	—	169	1641	—	1583	155	—	5	—
Totals ...	21,492	7,284	22,087	282	79	243	188	2032	7	1583	155	63	1444	3308

District No. 3 is divided for purposes of supervision between Districts No. 2 and 4.
The number of inspections carried out by the Corporation Drain Tester was 3,307

Table 74.—Summary of Inspections, etc.

	No. of Inspections
Houses, yards, etc.	21,492
Tenement Houses	7,284
Tenement Rooms	22,087
Infected Dwellings	282
Common Lodging Houses	79
Bakeries	188
Workshops	2,032
Outworkers	155
Factories	1,583
Milk Shops	243
Slaughter Houses	7
Drains and W.C.'s Tested	3,307
Number of Notices to abate nuisances	1,444
Number of Justices' Orders	63
Amount of fines imposed in respect of same	£26 0 6

Table 75.—Return of Inspections made by Veterinary Staff during the year :—

Slaughter Houses	1,293
Butcher Shops	3,778
Tripe Houses	29
Meat Markets	1,078
Milk Shops	2,151
Milk Vans	1,357
Cowsheds	80
Sausage Factories	988
Hawkers' Stands	468
Provision Shops	2,180
Pork Shops	311
Fish Shops	549
Fruit Shops	5
Cold Stores	36

No of Prosecutions

Amount of Fines imposed } See Section V., Prosecutions

In addition to the foregoing the Health Inspectors carried out inspections and made reports under Part II of the *Housing (Amendment) Act 1948* as follows :—

The number of reports made under Sections 7 and 8 (Control of Certain Premises) was 6.

The number of prosecutions taken out under Sections 8 (Control of Certain Premises) was 2.

The number of reports made under Section 11 (Multiple Dwellings) was 5.

The number of permission granted under Section 12 (to keep Multiple Dwellings) was Nil.

The number of Notices (to abate nuisances in drains) served under Part II of the *Local Government (Sanitary Services) Act 1948* was 404.

The number of reports made on the housing conditions of applicants for Corporation Houses was 310.

The number of Provisional Drainage Orders—12.

The number of Provisional Water Supply Orders—11.

The number of Reports made under Section 18 Sanitary Services Act—28.

The number of cases in which Corporation abated nuisances in drains under Section 18 of Act—22,

SHOPS (CONDITIONS OF EMPLOYMENT) ACT, 1938.

In the following table are set out particulars of the work done by the Shops Inspectors during the year.

Number of Inspections, 1,522
Particulars of Defects Found :

Insufficient Ventilation	.....	.....	15
Insufficient Heating	.....	.....	21
No Heating Provided	.....	.....	1
No Seating Accommodation	.....	.....	14
Insufficient Sanitary Accommodation	.....	.....	2
No Sanitary Accommodation	.....	.....	0
No Washing Accommodation	.....	.....	1
Total	.....	.....	54

Exemption Orders served (re Sanitary Accommodation)	.....	—
Works Notices served	.....	—
Verbal Notices	.....	54

DETAILS OF DISINFESTATION SCHEME.

HOUSES TREATED				PERSONS TREATED				
Tene-ments	Lodg-ings	Private	Total	Rooms	Male	Fe-male	Chil-dren	Total
36	3	111	150	543	16	—	—	16

Details of Disinfestation of Yards and Manure Heaps—*Summer 1952*

District No.	Stalls	Manure Heaps	Pigstyes	Yards
1	81	3	—	3
2	57	29	53	40
4	30	19	28	25
5	89	11	—	6
6	24	18	12	13
7	211	13	7	13
	492	93	100	100

Particulars of D.D.T. issued at Dispensaries—June to December 1952

Dispensary District	Powder	Emulsion
South	216 $\frac{8}{12}$ doz. pkts.	66 $\frac{1}{2}$ pints
North	234 $\frac{5}{12}$ „	46 $\frac{1}{4}$ „
Mahony's Avenue	30 „	3 $\frac{1}{2}$ „
	481 $\frac{1}{12}$ doz. pkts.	116 $\frac{1}{4}$ pints.

Section IX.—Housing

Houses erected and let	.....	3,581
Houses erected and purchased by occupants	.....	288
Houses erected (occupants still re-paying mortgage)	.....	34
Total	.....	<u>3,903</u>
Houses in process of erection	.....	419
Houses completed and handed over during 1952	...	269
Number of families re-housed during 1952 (including the 269 recorded above)	.....	328

Assistance to private persons and Public Utility Societies :—

(a) Under the Housing and Labourers Act, 1937 £1,196 0 0

Advances under Small Dwellings Acquisition Acts :—

(a) To houses built by Private Individuals ... £51,100 0 0

Amount expended by Corporation on provision of Working Class Dwellings, £578,058 15s. 10d.

Table 76.—Tenants paying rents of different amounts (summary).

Rental	No. of Tenants
40/- to 50/-	1
30/- to 40/-	41
20/- to 30/-	609
15/- to 20/-	888
10/- to 15/-	782
9/- to 10/-	320
8/- to 9/-	122
7/- to 8/-	87
6/- to 7/-	389
5/- to 6/-	132
4/- to 5/-	174
Under 4/-	70
Total No. of Tenants	<u>3,615</u>

Table—77 Analysis of Income of Tenants housed under Differential Renting

Location	No. of Tenants on Differential Rents	Under 20/-	20/- to 30/-	30/- to 40/-	40/- to 50/-	50/- to 60/-	60/- to 70/-	70/- to 80/-	80/- to 90/-	90/- to 100/-	Over 100/-
Gurranebraher 1	252	5	4	10	12	10	12	11	10	12	166
" 2	50	1	1	—	4	2	—	2	—	2	38
" 3	78	—	6	1	5	1	5	5	1	2	52
" 4	81	—	3	3	2	3	1	6	7	4	52
Greenmount	208	1	9	8	12	9	5	12	8	8	136
Bandon Road	86	3	2	4	4	4	4	1	1	5	58
Horgan's Bldgs.	9	—	—	1	—	—	1	—	1	—	6
Cominons Road 1	146	—	2	3	5	6	5	6	2	5	112
" 2	92	1	1	2	2	7	4	6	1	7	61
Farranferris 1	206	—	2	10	13	7	6	9	6	4	149
Baker's Lane 1	225	—	9	8	16	6	4	—	5	9	168
Baker's Lane 2	242	1	6	16	18	13	12	8	10	10	148
Ballyphehane 3	123	—	—	3	7	2	1	—	1	3	106
Roche's Buildings	7	—	—	1	1	1	—	2	1	—	1
Madden's Buildings	4	—	—	—	—	—	—	1	—	—	3
Croaghtamore Gdns.	14	—	—	—	—	—	—	—	—	—	14
Sutton's Buildings	3	—	—	—	1	—	—	—	—	—	2
Ballyphehane 2	42	—	—	1	3	—	—	1	1	—	36
Kelleher's Bldgs.	4	—	—	—	—	2	—	—	—	—	2
Baker's Lane 3	198	1	3	15	13	12	6	8	8	12	120
Barrett's Bldgs.	3	1	—	—	—	1	—	—	—	—	1
Corporation Bldgs.	2	—	—	—	—	—	—	—	—	1	1
Ryan's Bldgs.	1	—	—	—	—	—	—	—	—	—	1
Farranferris 2	58	—	1	—	4	—	3	4	1	4	41
Totals	2134	14	49	86	122	86	69	82	64	88	1474

Section X.—Port Health

The Public Health Department is now undertaking the functions of the dissolved Port Sanitary Authority and in addition is executing the Infectious Diseases (Shipping) Regulations, 1948, in the functional area of the County Council.

Limits of Jurisdiction.

These are defined in The Cork Port (Enforcement of Health Regulations) Order, 1948, as follows :—“ The expression “ the Port ” means the whole of that part of the customs port of Cork which lies between Power Head and Cork Head in the County of Cork, together with the waters of the said port of Cork within such limits and all docks, basins, harbours, creeks, rivers, channels, bays and streams within the aforesaid limits and the places for the time being appointed as the customs boarding station or stations for such part of the said port and the places for the time being appointed under the Health Regulations for the mooring or anchoring of a ship.

Isolation Hospital at Cuskinny.

By order of the Minister of Health, dated 12th December, 1952, the above institution ceased to function as from 1st January, 1953. An isolation block adjacent to the North Fever Hospital has been set aside for the reception of cases of Smallpox, Cholera, Plague, Typhus, Yellow Fever and Relapsing Fever. The steam disinfecter which has been removed from the old Isolation Hospital, is being installed for the use of the fever hospital and will be available to cater for the needs of the isolation unit should the necessity for such arise. A motor ambulance will now convey seaborne cases of the major infectious type to the City isolation unit.

Deratization and Deratization Exemption Certificates.

Authority to issue the above is given by articles 19 and 20 of the Infectious Diseases (Shipping) Regulations, 1948. During the year, 16 deratization exemption certificates were issued. The replacing of the several International Sanitary Conventions by the International Sanitary Regulations, 1952, introduced inter alia, new types of (1) deratting and deratting exemption certificates (2) vaccination or revaccination certificates against smallpox. In regard to (1) the old type of deratization certificate or exemption suitably amended is still being used pending the printing of the new. Arrangements are also being made to obtain the new type of vaccination certificates. The declaration of health form as now issued, is almost similar to that recommended for adoption in appendix 5 of the new regulations.

Infectious Diseases (Shipping) Regulations, 1948.

These Regulations become operative from 1st July, 1949 and are designed to prevent the importation of the conventional diseases, smallpox, plague, etc., together with diseases listed in the first schedule of the Regulations. It is now necessary for the Master of every vessel entering the district from a foreign port with certain exceptions, to complete and sign a declaration of health which must be handed to the boarding officer of the Customs and Excise, the City Medical Officer or other officer of the health authority, whoever should board the vessel first. Free pratique will not be granted if the answers to any of the questions set out on the face of the form are in the affirmative.

Unauthorised Boarding.

Little or no trouble has been experienced in the working of this article of the Infectious Diseases (Shipping) Regulations, 1948, during the year.

Disinfection of Second-hand Clothing, etc.

A certain amount of confusion persists in regard to the importation of cleaning-rags and second-hand clothing. Article 20 of the Regulations specifies *effectually disinfected by steam* and while we have overcome the difficulty formerly experienced in regard to certificates which indicated that the goods had been disinfected by chemicals, etc., some authorities still continue to certify that they have been *effectively sterilised* by steam. This terminology is not acceptable to the Customs authorities with the results that importers have been put to unnecessary expense and the disinfecting department to considerable inconvenience. It seems almost impossible to get authorities concerned to alter the wording of their certificates to bring them within our requirements.

A total of 4 tons, 16 cwts., of imported secondhand clothing and cleaning rags were disinfected during the year.

Leaking deck heads in foc'sles.

From time immemorial, the method employed in correcting leaking timber decks has followed the usual pattern of surveying for defective planking and re-caulking defective seams. To the uninitiated, caulking is art of rendering seams between each pair of planks watertight by the use of oakum and molten pitch. This procedure has stood the test of time and has so far, never been improved upon. There have been substitutes used for pitch, but the principle of caulking remains the same. It would be well to mention at this stage that the timber deck heads referred to, are not set upon a light steel deck, as found in the more modern type of vessel, but constitute a number of planks laid longitudinally on athwartship horizontal angle bars to which they are bolted. These planks are so cut, that when in position, the lower edges meet, leaving small "V" shaped seams which are subsequently caulked. A new method, however, has been introduced in recent years to render defective decks watertight i.e. to cover the entire surface with a carpet of what might appear to be asphalt, with the pious hope that it will cure all ills. From experience of this type of work, it has been found most unsatisfactory and utter waste of time and money. In fact it becomes a contributory nuisance as will be seen. Small cracks soon appear in this protective covering, admitting water, which percolates eventually between it and the planking. With every shower of rain or sea shipped, this trapped water increases in volume, saturating planking and caulking material in time, and ultimately causing a drip nuisance in accommodation beneath, more often than not, on bunks with consequent wet or damp bedding. It is most difficult, if not impossible, to correct this type of nuisance unless the planking is laid bare, surveyed for defective and spongy planks and then recaulked in the usual manner. Unfortunately, owners are not inclined to go to this trouble, where accommodation only is concerned. They favour the application of a second coat of protective substance instead, which, needless to relate, is utterly useless from the public health viewpoint.

Local Government (Sanitary Services) Act, 1948.

Section 27 of the above Act, gives the necessary power to take samples of water from any supply, whether public or private. During the year, samples were taken from two vessels specially earmarked, as the storage in each case was contained in cellular double bottom tanks. In these, there is a danger of rivets working slack through stress of weather, between consecutive dry-dockings, admitting water from rivers carrying sewage

matter and possibly causing gross contamination of water supplies. One sample was found to be of an unsatisfactory character, especially in regard to the presence of coliform bacilli, which indicated that the tanks required cleansing or alternatively that a previous source of supply was not up to standard at some stage. A copy of the bacteriologists report was forwarded to the Master with a recommendation to dose the tanks with chlorine solution followed by flushing out with clean water before refilling. The Master did not think fit to carry these out to the full. In all cases where samples taken under the above act are of such a nature as to cause concern, article 31* of the Infectious Diseases (Shipping) Regulations, 1948, would be immediately enforced against the Master or other Officer in charge.

Water Supply.

Drinking and boiler water is obtained directly from the public supply. There are upwards of 80 such hydrants available in this port. As mentioned in the section dealing with the supply to the City, the water is subjected to systematic sampling and bacteriological examination.

Table 78.—Return of Shipping—other than vessels not shipping or unshipping cargo—entering the Port since 1932.

Year	Number of Arrivals			Tonnage		
	Foreign	Coastwise	Totals	Foreign	Coastwise	Totals
1932	315	1,375	1,690	352,459	602,509	954,968
1933	399	893	1,292	371,757	462,047	833,804
1934	404	817	1,221	407,188	463,169	870,357
1935	285	1,015	1,300	323,631	525,062	848,693
1936	249	1,053	1,302	277,779	583,922	861,701
1937	250	1,098	1,348	300,730	594,396	895,126
1938	239	1,084	1,323	280,403	598,114	878,517
1939	202	1,074	1,276	274,660	521,801	796,461
1940	116	1,053	1,169	174,087	373,841	547,928
1941*	—	522	522	Nil	203,976	203,976
1946	83	653	736	92,416	307,694	400,110
1947	148	535	683	276,194	283,626	559,820
1948	149	787	936	245,967	510,896	756,953
1949	215	779	994	262,479	558,251	820,730
1950	291	864	1,155	361,289	582,921	944,210
1951	275	856	1,131	331,244	554,354	885,598
1952	273	908	1,181	286,195	609,565	895,760

* Article 31.—(1) Where the Chief Medical Officer certifies that the cleansing, disinsecting, disinfestation or disinfection of—

(a) the whole or any part of the ship ; or

(b) any articles on board any ship which are likely to retain infection would tend to prevent the spread of infectious disease the health authority shall give notice in writing to the master of such ship that the whole or such part of such ship or such articles will be cleansed, disinsected, disinfested or disinfected by the health authority at the cost of the master of the ship, unless such master informs the health authority within six hours from the receipt of the notice that he will forthwith cleanse, disinsect, disinfest, or disinfect the whole or such part of such ship or such articles to the satisfaction of the Chief Medical Officer.

* Figures not available for years 1942 to 1945 inclusive.

Principal foreign ports from which vessels arrived during the year :—

U.S.A.—New York, Baltimore, Norfolk, Philadelphia, Galveston, New Orleans, Newport News.

Canada—Halifax, St. John, Montreal, Sorel.

South America—Buenos Aires, Bahia Blanca, Montevideo, Santos, Rio de Janeiro.

North Africa—Casablanca, Oran, Algiers, Sfax.

Turkey—Izmir.

Greece—Piraeus.

Spain—Cadiz, Port Lexioes, Huelva, Valencia, Barcelona.

Portugal—Oporto, Lisbon.

France—Le Havre, Cherbourg, Rouen.

Belgium—Antwerp.

Holland—Rotterdam, Amsterdam.

Germany—Hamburg, Bremen

Baltic Ports—Gotenborg, Danzig, Aalborg, Rapsu.

Canary Islands—Teneriffe.

Principal Cargoes landed in the Port.

Wheat and wheat offals, maize, barley, timber (dressed and undressed) fertilisers, phosphate, pyrities, motor car parts, motor oils and spirits, cement, coal, tractors, machinery, dried fruits, wine, roofing slates, cork, salt.

Table 79.—Return of Vessels entering the Port which were dealt with by the Department each month during 1952.

Month	Foreign Direct & Indirect	Coastwise	Total
January ...	20	61	81
February ...	11	58	69
March ...	15	55	70
April ...	23	54	77
May ...	10	61	71
June ...	10	61	71
July ...	10	26	36
August ...	9	52	61
September ...	11	63	74
October ...	20	62	82
November ...	26	45	71
December ...	21	46	67
Totals ...	186	644	830

Table 80.—Return of Imports and Exports from 1932.

Year	Imports (tons)	Exports (tons)
1932	890,377	104,884
1933	710,149	89,319
1934	784,174	66,606
1935	743,939	63,219
1936	788,545	73,673
1937	829,704	78,530
1938	802,238	65,147
1939	900,644	105,659
1940	734,888	74,517
1941*	262,222	37,448
1946	375,494	36,159
1947	557,566	35,293
1948	651,848	48,884
1949	700,929	49,442
1950	895,920	73,635
1951	871,187	62,081
1952	756,953	69,494

*Figures not available for years 1942 to 1945 inclusive.

Sanitary defects and nuisances dealt with during 1952.

Dirty Focsles	.....	.....	.....	.....	93
Dirty Store Rooms, Wash Places and Lockers	.....	.....	.....	.....	41
Dirty Mess Rooms and Cabins	.....	.....	.....	.....	37
Dirty Stewards Storerooms	.....	.....	.....	.....	5
Dirty Galleys	.....	.....	.....	.....	16
Damp Quarters	.....	.....	.....	.....	7
Leaky Deckheads	.....	.....	.....	.....	6
Defective Port Frames, Discs and Prisms	.....	.....	.....	.....	17
Defective W.C. Fittings	.....	.....	.....	.....	21
Defective Flooring Boards	.....	.....	.....	.....	1
Defective Lockers	.....	.....	.....	.....	6
Defective Spurling Pipes	.....	.....	.....	.....	2
Defective Ventilation	.....	.....	.....	.....	1
Verminous Quarters	.....	.....	.....	.....	2
Foul Water Closets	.....	.....	.....	.....	61
Ships' Gear in Accommodation	.....	.....	.....	.....	1
Defective Hawse Pipes	.....	.....	.....	.....	1
Foul Fresh Water Tanks	.....	.....	.....	.....	2
Accumulation of Offensive Rubbish	.....	.....	.....	.....	1
Total ...					321
Verbal Notices Given	...	...	...	...	160
Written Notices Left on Board	...	...	...	...	36
Letters to Owners	...	...	...	...	1
Statutory Notice	.....	.....	.....	.....	3
Total ...					200

A total of 1230 visits of inspection of vessels were carried out during the year.

Table 81.—Summary Vessels Inspected

Description	Number of Arrivals	Tonnage of Arrivals	Number Inspected	Number Found Defective and Dirty	No. of Defects & Nuisances Remedied
<i>Foreign Steamers</i>	273	286,195	186	24	20
Direct & Indirect <i>Coastwise</i> Motor & Steam	908	609,565	644	177	158
Total	1181	895,760	830	201	178

TABLE 82—RATS TRAPPED ASHORE.

Month	No.	Mus Decumans	Mus Alexandrinus	Mus Rattus	Species Unknown	No. of P.M. Exam.*
Jan. ...	2	1	1	—	—	1
Feb. ...	6	—	3	3	—	2
March ...	2	1	1	—	—	1
April ...	3	2	1	—	—	2
May ...	2	—	2	—	—	1
June ...	3	2	1	—	—	2
July ...	—	—	—	—	—	—
August ...	2	2	—	—	—	1
Sept. ...	5	3	—	2	—	3
Oct. ...	3	—	—	3	—	—
Nov. ...	6	2	2	2	—	2
Dec. ...	6	—	4	2	—	2
Total ...	40	13	15	12	—	17

* All P.M. Examinations proved Negative.

TABLE 83—RATS TRAPPED ON VESSELS

Month	No.	Mus Decumans	Mus Alexandrinus	Mus Rattus	Species Unknown	No. of P.M. Exam.*
January	—	—	—	—	—	—
Feb. ...	—	—	—	—	—	—
March	—	—	—	—	—	—
April	—	—	—	—	—	—
May ...	—	—	—	—	—	—
June ...	—	—	—	—	—	—
July ...	—	—	—	—	—	—
August	1	—	—	1	—	1
Sept. ...	2	—	—	2	—	1
October	2	—	—	2	—	2
Nov. ...	2	—	—	2	—	1
Dec. ...	—	—	—	—	—	—
Totals	7	—	—	7	—	5

* All P.M. Examinations proved negative.

TABLE 84.— RATS TRAPPED IN THE PORT SINCE 1938.

Year	No. rats trapped	No. of P.M's	Results
1938	199	136	Negative
*1939	231	149	"
1940	146	66	"
1941	119	28	"
1942	43	20	"
1943	32	23	"
1944	34	21	"
1945	42	28	"
1946	52	25	"
1947	56	31	"
1948	51	34	"
1949	44	29	"
1950	52	24	"
1951	46	21	"
1952	47	22	"

*Poisoning campaign commenced in the mills and stores abutting the dock area.

Section XI—Meteorology.

I am indebted to Prof. H. N. Walsh, University College, for the following particulars concerning the weather conditions during the year.

In the tables which follow the figures have been converted into *decennial averages* from the earliest period available to the year 1950. Figures for the individual years may be found in reports for the year 1950 and preceding years.

Table 85.—Rainfall in inches for *each quarter* from 1901 (expressed as decennial averages to 1950) :—

Period	I.	II.	III.	IV.	Total (<i>Avg.</i>).
1901–1910	10.12	7.78	8.76	10.8	37.56
1911–1920	11.34	7.71	8.98	13.12	41.15
1921–1930	12.82	7.41	9.46	13.64	43.33
1931–1940	11.79	7.33	7.86	12.61	39.58
1941–1950	11.03	7.12	9.29	13.44	40.88
1951	12.42	7.10	12.49	16.42	48.43
1952	6.59	5.71	4.59	13.59	30.84

Table 86.—Mean temperature for *each quarter* from 1901 expressed as decennial averages to 1950 :—

Period	I.	II.	III.	IV.	Avg. for Period
1901–1910	40.16	50.04	56.48	43.23	44.47
1911–1920	39.68	49.44	54.85	42.93	46.72
1921–1930	42.75	51.36	57.99	45.31	49.36
1931–1940	43.28	53.34	59.54	45.97	50.52
1941–1950	43.49	53.06	59.09	46.87	50.65
1951	40.7	51.5	59.0	47.4	49.60
1952	42.3	54.5	59.0	46.1	50.4

The mean temperature for 1951 was 49.6°F. The warmest days were 30th June, 16th and 17th July with a maximum shade temperature of 75°F. The warmest nights were the 18th and 21st July with a minimum shade temperature of 61°F. The coldest night was 11th March with a minimum shade temperature of 23°F.

BAROMETER.

The mean reading for 1952 was 26.66 inches. The highest reading was 30.66 inches on 5th February and the lowest 29.02 inches on the 26th November. [Note : The reading at Ballinacurra on 4th February, 1951 was 28.17 inches which is noted as being the lowest ever recorded since observations began there in 1905. The *Cork Examiner* of 5th February 1951 reported Air Ministry reading at Kew of 28.4 inches which is referred to as the lowest since February 1871, when readings began there. In the same journal Major T. J. M. O'Donovan, Ballybeg, Cobh, reported a reading of 27.7 inches and Mr. J. M. Flannagan, Cobh, reported two separate readings—27.45 inches at 9.30 a.m. and 27.25 inches at 12.30 p.m., confirmed by readings on two separate barometers. This unprecedented fall was the prelude to a fierce gale which broke over the district about 8.30 on that evening and raged with unabated fury during the night doing much damage to houses.]

TEMPERATURES IN SCREEN

The mean temperature for the year was 50.5°F. The warmest days were 30th June and 24th July with a maximum temperature of 79°F. The warmest night was 17th August with a minimum shade temperature of 44°F. The coldest night was 24th November with a minimum shade temperature of 21°F.

TABLE 88.—AVERAGE SHADE TEMPERATURES AT CORK FROM 1884 (EXPRESSED AS DECENNIAL AVERAGES FROM 1891 TO 1950). MEAN TEMPERATURES SHEWN TO NEAREST WHOLE NUMBER.

PERIOD	Jan.		Feb.		March		April		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.		Mean Yearly Tempera- ture of Period
	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
1884-1890	54-29-43		53-28-44		56-27-42		61-30-47		68-39-52		75-43-59		76-44-61		74-43-60		69-39-55		62-33-50		58-27-46		54-26-42		50.0
1891-1900	53-23-40		54-25-41		58-27-43		62-31-48		69-35-52		76-41-58		75-44-61		73-44-60		69-38-56		62-31-48		57-31-45		53-26-43		50.0
1901-1910	50-25-40		51-25-39		54-29-42		59-31-45		67-34-50		71-42-55		74-44-58		71-42-57		67-38-54		62-30-50		54-25-42		51-26-40		48.0
1911-1920	51-31-40		51-30-41		53-32-42		57-34-45		66-37-51		68-40-54		71-43-57		70-44-57		66-39-53		59-34-48		55-30-43		51-29-40		47.0
1921-1930	55-27-44		54-27-42		57-27-43		61-29-46		71-34-52		72-39-56		76-44-61		73-42-58		69-37-54		64-32-52		58-25-43		54-26-42		49.0
1931-1940	54-28-42		55-30-42		57-30-44		62-34-48		68-37-53		73-44-59		74-47-60		75-44-60		71-38-56		63-36-48		57-30-44		55-28-41		50.0
1941-1950	52-28-41		53-30-42		59-32-45		64-34-49		69-36-52		73-45-58		73-48-59		73-47-61		69-41-56		63-37-50		56-32-45		53-31-43		50.0
1951	55-25-40		52-28-40		60-23-42		67-28-47		65-35-50		75-41-58		75-44-59		73-45-59		70-43-56		64-32-48		57-27-42		54-28-41		52.0
1953	56-24-40		52-27-38		59-31-45		67-29-48		76-34-55		79-39-59		79-41-60		74-44-59		71-34-52		62-32-47		61-21-41		54-25-39		50.5

Figures for each individual year are presented in report for 1950 (and previous years).

TABLE 87.—MONTHLY RAINFALL IN CORK FROM 1881 (DECENNIAL AVERAGES FROM 1881 TO 1950).

PERIOD	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Rainfall	Rain Days
1881-1890	4.14	3.94	3.20	2.49	2.46	2.32	2.89	3.13	2.62	3.00	4.00	3.76	37.93	203
1891-1900	3.83	2.71	1.89	2.85	1.86	2.47	2.22	4.17	2.29	4.25	4.37	6.12	39.08	197
1901-1910	3.77	3.16	3.19	2.70	2.23	2.84	2.55	3.29	2.93	3.61	3.16	4.25	37.46	200
1911-1920	4.00	4.06	3.25	2.22	3.19	2.30	3.03	3.20	2.74	3.93	3.69	5.23	40.12	205
1921-1930	5.32	4.29	3.20	2.92	2.58	1.91	3.00	3.68	2.78	4.03	4.68	4.93	43.37	207
1931-1940	4.69	3.44	3.76	2.54	2.69	1.93	2.95	2.06	2.85	3.32	4.89	4.42	39.58	200
1941-1950	4.94	3.08	3.08	2.30	2.75	2.47	2.87	3.14	3.27	4.33	4.38	4.77	40.88	205
1951	5.10	4.50	2.82	2.09	2.52	2.49	1.30	4.40	6.79	3.02	6.48	6.92	48.43	239
1952	3.52	0.31	3.12	2.26	2.17	1.28	0.63	3.38	0.58	6.80	3.93	2.86	30.84	192

The greatest rainfall in any one month was 13.72 inches in December, 1898.

The lowest rainfall in a single month was 0.02 inch in June, 1921.

The maximum number of consecutive days with rain was 21 (ended 12th February, 1918).

Greatest number of days without any rain (absolute drought) was 26, (ended 3rd July, 1897).

SUNSHINE.

Total No. of hours of *bright sunshine* **1952** was 1376.8.

	Hours		Hours
1930	... 1,478.1	1941	... 1,246.5
1931	... 1,313.8	1942	... 1,482.5
1932	... 1,282.5	1943	... 1,093.8
1933	... 1,465.8	1944	... 1,209.1
1934	... 1,480.1	1945	... 1,263.8
1935	... 1,442.0	1946	... 1,274.4
1936	... 1,357.5	1947	... 1,252.9
1937	... 1,259.4	1948	... 1,333.5
1938	... 1,350.9	1949	... 1,479.9
1939	... 1,393.1	1950	.... 1,345.7
1940	... 1,493.9	1951	.... 1,428.3

SUMMARY OF WEATHER OBSERVATIONS AT CHARLESTON, BALLINACURRA

January :

BAROMETER :	Highest	30.63 on the 21st
	Lowest	29.37 „ 31st
	Mean for the Month	30.03
THERMOMETER	Highest	56°F. on the 10th
	Lowest	26°F. „ 23rd and
	Mean for the Month	39.45°F. 27th
RAINFALL	2.97" which is .90" below average.	
SUNSHINE	69.2 hours which is 22.2 hours, above average.	
WINDS :	Moderate to strong and swinging from South-West to West in the first half of the month, then going more Northerly and becoming very light.	

REMARKS : The first light of 1952 dawned on a white, frosted world : slight snow rapidly gave way to rain and wind rising to heavy squalls. Such variable conditions with cold nights and relatively high day temperatures, cheered by brief but welcome interludes of bright sunshine, prevailed until the 12th, when night temperatures dropped sharply to begin a sequence of very severe nights, on 14 of which there were ground frosts. During this hard spell there was an addling succession of rain and thaw, sunshine and renewed frost : on many occasions rain was turned rapidly to ice and roads and streets were treacherously slippery.

January has given 1952 a bad start. The penetrating cold opened the way for many ailments, while frost bound land defied farmers and gardeners to carry out their normal winter cultivations,

February :

BAROMETER :	Highest	30.76 on the 5th
	Lowest	29.40 „ 1st
	Mean for the Month 30.31.	
THERMOMETER :	Highest	55°F. on the 17th, 18th
	Lowest	27°F. „ 5th
	Mean for the Month 41.4°F.	
RAINFALL :	0.28" which is 2.84" below average.	
SUNSHINE :	85.6 hours which is 18.6 hours above average.	
WINDS :	Were light throughout the month, and North-Westerly until the last four days of February when wind changed to the East.	

REMARKS : This was the driest February since records began here in 1905 : rain was only recorded on 7 days, and on all occasions was light. Coupled with 18½ hours more sunshine than normal this has made February an exceptionally good month, though particularly cold in the first fortnight, during which there were 9 ground frosts at night.

Farmers and gardeners, so long thwarted by bad weather, have had four splendid weeks in which to make up for some of the time lost earlier and there has been general activity in the all-important preparation of the seed beds.

March :

BAROMETER :	Highest	30.21 on the 1st
	Lowest	29.39 „ 4th
	Mean for the Month 29.86	
THERMOMETER :	Highest	60°F. on the 20th
	Lowest	30°F. „ 5th, 26th, 31st
	Mean for the Month 45.7°F.	
RAINFALL :	3.03" which is .02" below average	
SUNSHINE :	94.6 hours which is 20.4 hours below average	
WINDS .	Were moderate and very variable. In the first ten days of the month winds were mainly South-Westerly, then for a week were from the South-East. They backed again to the South-West and finished with a week of strong, hard East winds which reached gale force in gusts on the night of the 28th.	

REMARKS : March was a month of many weather vagaries. Its first three weeks were kind but broken, with heavy rain, light drizzle, fog, ground frost, small hail and bright sunshine all following in rapid succession ; temperatures during this period were relatively high, and on the 20th touched 60°F. A shift of wind to the East on the 26th brought an immediate change ; minimum temperatures dropped 10° overnight and maximums went as low as 39° a week after touching the summer level, while very harsh, Easterly winds of great severity threw the end of the Month back to mid-winter conditions.

March was a very good month for farmers and gardeners and the preparation of the Seed Bed and the sowing of seeds was general under early and helpful conditions, but the very severe week at the end of the month gave a bitter check to young plants and shoots, and wrought havoc among the host of daffodils, which had been exceptionally good,

April :

BAROMETER :	Highest	30.52 on the 3rd
	Lowest	29.27 „ 21st
	Mean for the Month 30.06	
THERMOMETER :	Highest	64°F. on the 18th
	Lowest	29°F. „ 1st
	Mean for the Month 48.7°F.	
RAINFALL :	2.18" which is 0.2" below average.	
SUNSHINE :	166.2 which is 8.3 hours above average.	
WINDS :	Light to moderate in the first ten days of the month, subsequently light, and very variable.	

REMARKS : April began badly, with a continuance of the very cold weather prevailing at the end of March, and on its first night the minimum temperature in the screen was 3 degrees below freezing point, and the maximum day temperatures in spite of some bright sunshine never climbed above 49 degrees F. For ten days unusually cold weather lasted, but then temperatures rose quickly, and warm sunshine and pleasant anti-cyclonic conditions gave us the best Easter weather for years, and the remainder of the month provided excellent weather for plant development and growth. Heavy rain on the 20th and 21st was welcome in farm and garden, and gave a helpful moisture just when it was needed.

May :

BAROMETER :	Highest	30.69 on the 24th
	Lowest	29.39 „ 4th
	Mean for the Month 30.08	
THERMOMETER :	Highest	73°F. on the 27th
	Lowest	32°F. „ 7th
	Mean for the Month 54.4°F.	
RAINFALL :	3" which is .46" above average.	
SUNSHINE :	213.5 hours which is 25.5 hours above average.	
WINDS :	With the exception of an easterly spell between the 15th and 23rd, winds fluctuated from S. West to North West and were light to moderate.	

REMARKS : May commenced with mild conditions, and overcast skies and rain were recorded on each of its first ten days culminating on the 8th and 9th in a thunderstorm accompanied by torrential rain amounting to 1.28" after which an anti-cyclone set in. On the 13th temperatures began to rise and from then to the last day of the month we experienced summer weather at its best with maximum temperatures as high as 73°F. while the highest minimum was 52°F. By the end of the month the warm sunshine and drying winds were beginning to make the country too dry, and though the brook and rain on the 30th and 31st was unkind to holiday makers, it was most beneficial to farm and garden.

June :

BAROMETER : Highest 30.38 on the 3rd
 Lowest 29.54 ,, 1st
 Mean for the Month 30.16

THERMOMETER : Highest 77°F. on the 30th
 Lowest 37°F. ,, 3rd
 Mean for the Month 56.45°F.

RAINFALL : 1.43" which is .67" below average.

SUNSHINE : 180.2 hours which is 4.8 hours below average.

WINDS : Were moderate in the first and third weeks and light in the remainder of the month, veering from N.W. to S.W., but for the most part Westerly.

REMARKS : June was a splendid month both for holiday-makers and agriculturalists ; temperatures remained moderate for the first week which was broken, and in which 1.14 inches of rain fell, but for the remainder of the month, weather was set fair, with moderate summer temperatures rising steadily to a heat wave which touched 77°F. in the thermometer screen on the 30th. The last week of June was so very warm (minimum night temperature on the 30th never went below 60) that many readers will be surprised to learn that June's sunshine was slightly below average, indeed on the very hot days there was comparatively little sun, and the atmosphere was heavy and oppressive.

Hay making was general under splendid conditions, while the warm weather encouraged rapid development of corn and root crops, and of small fruit, all of which promise to be very early.

July :

BAROMETER : Highest 30.57 on the 4th
 Lowest 29.82 ,, 7th
 Mean for the Month 30.46

THERMOMETER : Highest ... 78°F. on the 26th
 Lowest ... 39°F. ,, 16th
 Mean for the Month 62°F.

RAINFALL : 1.12" which is 1.7" below average.

SUNSHINE 154.5 hours which is 15.5 hours below average.

WINDS : Were light throughout the month, and mainly from the North and West.

REMARKS : July was an exceptionally fine, warm month, with the highest mean temperature for any July since 1934. Following the long dry spell in June, weather broke with thundery conditions and very heavy rain on the 6th and 7th when July's whole rainfall of 1.12 inches was recorded.

The remainder of the month was rainless, and very warm, so that drought conditions were everywhere evident, and farms and gardens became parched and dry. It may be a surprise to readers to find that in this very hot and dry month, sunshine was below average, and was no less than 40 hours below that of July, 1951.

The long, dry spell has greatly accelerated the ripening of the harvest and the cutting of advanced crops of corn has begun exceptionally early, while throughout July, hay making was possible under ideal conditions.

August :

BAROMETER : Highest 30.36 on the 22nd
 Lowest 29.40 ,, 9th
 Mean for the Month 29.97.

THERMOMETER : Highest 73°F. on the 27th
 Lowest 45°F. ,, 17th
 Mean for the Month 60.1°F.

SUNSHINE : 181 hours which is 22 hours above average.

RAINFALL : 3.4" which is .15" above average.

WINDS : Light at first, strengthening in the second week of the month and subsequently light, but reaching gale force in a stormy interlude on the 17th and 18th. Winds were mainly westerly, veering from North-West to South West.

REMARKS : August was a splendid month, with its maximum day temperatures over 60°F. in every case and its rainfall concentrated into two groups—from the 4th to the 12th (with heavy rain on the 10th) and between the 16th and 18th, when conditions were wild and over an inch of rain fell in 24 hours. The remainder of the month was set fair, with bright sunshine and light westerly winds and provided ideal weather both for holiday-makers and for the cutting and saving of corn, which ripened unusually early this year.

September :

BAROMETER : Highest 30.60 on the 16th
 Lowest ... 29.57 ,, 30th
 Mean for the Month 30.15.

THERMOMETER : Highest 70°F. on the 23rd
 Lowest 33°F. ,, 18th
 Mean for the Month 53.6°F.

RAINFALL : .57" which is 2.23" below average.

SUNSHINE : 163.5 hours which is 32.5 hours above average.

WINDS : Light during the middle fortnight but moderate in the first and last weeks of the month and almost entirely from the North and West.

REMARKS : This has been the driest September since 1926 a fact even more remarkable in view of the low rainfall in preceding months. January, February, March, April and July all yielded less than their normal rainfall, and the total recorded for the first nine months of 1952 is 8 inches less than usual.

163½ hours of bright sunshine combined with the very dry weather to make September a delightful month and to enable farmers to save and thresh their corn crops under splendid conditions. Night temperatures dropped very sharply in the first week of the month, but day temperatures were upheld by the good sunshine.

The country is now painfully dry and rainfall is urgently needed.

October :

BAROMETER :	Highest	30.48 on the 8th
	Lowest :	29.31 „ 24th
	Mean for the month 29.92	
THERMOMETER :	Highest	61°F. on the 6th & 9th
	Lowest	32°F. „ 5th
	Mean for the Month 50.35°F.	
SUNSHINE :	117.9 hours which is 22.9 hours above average.	
RAINFALL :	5.97" which is 2.23" above average.	
WINDS :	In the first 10 days of the month winds were light and Northerly, but subsequently freshened considerably and were very variable. A South-Easterly gale swept the area on the night of the 27th /28th.	

REMARKS : October began with a cooler continuation of September's weather ; it was dry, sunny and night temperatures dropped sharply, while winds from the north were bracing.

On the 11th wind suddenly shifted to South-East and brought an end to the anti-cyclone, which had lasted almost uninterrupted since the 19th August. Rain was recorded on all but three of October's subsequent days, so that by the end of the month we had reduced 1952's rainfall deficiency by some 2.2 inches and the level of lakes, rivers and streams was beginning to assume more normal appearance.

The dry spell at the beginning of the month enabled the final threshings of corn to be concluded under excellent conditions : the subsequent rain was most urgently needed and was of immediate benefit to farm and garden, which had become painfully dry.

November :

BAROMETER :	Highest	30.51 on the 3rd
	Lowest	29.33 „ 27th
	Mean for the Month 30.10	
THERMOMETER :	Highest	61°F. on the 10th
	Lowest	21°F. „ 24th
	Mean for the Month 44.2°F.	
RAINFALL :	2.81" which is 1.11" below average.	
SUNSHINE :	56.6 hours which is 6.4 hours below average.	
WINDS :	For the first three weeks of the month were mainly from the North and then came an Easterly spell. Strong West-north-West wind on the 6th reached gale force that night and a very strong South-East wind on the 25th also developed gale force; during the rest of the month, winds were light to moderate.	

REMARKS : After four rainy days, November weather was fine and for the first half of the month relatively warm. Temperatures dropped sharply on the 16th, particularly at night and a series of ground frosts were recorded. A change of wind to the East brought much more severe conditions and on the 24th the minimum temperature in the screen was the exceptionally low one of 21°F. As the tide receded, ice formed on the slob-land and the incoming tide was so calm that this film of ice was lifted in huge sheets some of which remained unbroken all day.

Very heavy rain all day on the 25th had a softening effect and the 26th was mild and sunny, but very cold conditions again set in for the remainder of the month.

December:

BAROMETER : Highest 30.68 on the 4th
 Lowest 29.28 ,, 13th
 Mean for the Month 30.02.

THERMOMETER : Highest 54°F. on the 22nd
 Lowest 27°F. ,, 15th
 Mean for the Month 42.0°F.

RAINFALL : 2.49" which is 1.71" below average.

SUNSHINE : 41.5 hours which is .5 hours below average.

WINDS : Were very variable, being light and Easterly at first, moving to the South and in the middle 10 days of the month gaining in vigour and coming from the South and West. There were heavy squalls on the 16th and 17th. From the 21st winds were light and again very changeable.

REMARKS : December opened with a harsh, dry and sunny easterly spell, with ground frosts : this broke on the 6th with heavy rain followed by Southerly winds, rising temperatures, and fog, all following each other in quick succession and for the remainder of the month weather was changeable with cold nights and many ground frosts followed by dry sunny mornings.

Appendix I.

**OPERATION OF THE SCHEME FOR THE
TREATMENT OF VENEREAL DISEASES.**

Table. 89—Record of Work Done in the V.D. Treatment Centre.

	Cork City		Cork County		Other Districts		Total		Total Male and Female Cases
	M.	F.	M.	F.	M.	F.	M.	F.	
<i>New Cases (1st time) ...</i>									
Syphilis ...	3	8	1	—	1	—	5	8	13
Soft Chancre ...	—	—	—	—	1	—	1	—	1
Gonorrhoea ...	14	1	5	1	5	—	24	2	26
Not V.D. ...	5	45	2	4	1	—	8	49	57
Total ...	22	54	8	5	8	—	38	59	97
<i>Total Attendances :—</i>									
Syphilis ...	174	832	147	382	2	—	323	1214	1537
Soft Chancre ...	—	—	—	—	2	—	2	—	2
Gonorrhoea ...	39	12	23	20	4	—	66	32	98
Not V.D. ...	21	84	10	8	4	—	35	92	127
Total ...	234	928	180	410	12	—	426	1338	1764
<i>Cured :—</i>									
Syphilis ...	1	3	1	1	—	—	2	4	6
Soft Chancre ...	—	—	—	—	1	—	1	—	1
Gonorrhoea ...	14	1	4	1	5	—	23	2	25
Not V.D. ...	—	—	—	—	—	—	—	—	—
Total ...	15	4	5	2	6	—	26	6	32
<i>Pathological Exams. :—</i>									
Wassermann ...	61	65	50	12	2	—	113	77	190
Gonococci ...	14	3	5	1	5	—	24	4	28
Kahn's ...	61	50	50	9	2	—	113	59	172
Total ...	136	118	105	22	9	—	250	140	390
<i>Therapy :—</i>									
Arsenicals ...	94	496	46	184	10	—	150	680	830
Bismuth Preparations ...	90	188	72	97	10	—	172	285	457
Irrigations ...	—	—	10	—	—	—	10	—	10
Douches ...	—	—	—	—	—	—	—	—	—
Penicillin... ...	152	89	92	15	12	—	256	104	360
Potassium Iodide ...	4	10	—	—	—	—	4	10	14
Total ...	340	783	220	296	32	0	592	1079	1671

Table 90.—Record of *new cases treated annually at Centre.*

Period	Syphilis	Soft Chancre	Gonorrhoea	Not V.D.	Total
1938	29	—	42	34	105
1939	37	1	27	42	107
1940	34	8	30	46	118
1941	25	6	42	68	141
1942	54	4	63	67	188
1943	113	4	79	101	297
1944	81	1	49	116	247
1945	59	—	63	107	229
1946	73	—	48	130	251
1947	46	—	39	91	176
1948	50	—	39	99	188
1949	26	—	17	68	111
1950	20	—	17	64	102
1951	15	—	11	27	53
1952	13	1	26	57	97

Table 91.—Record of new cases treated during 1952 (non V.D. Cases not included).

Period	Males	Females	Total
Jan.	2	2	4
Feb.	3	—	3
Mar.	3	—	3
Apr.	2	3	5
May	1	1	2
June	3	1	4
July	2	—	2
Aug.	2	—	2
Sept.	3	—	3
Oct.	3	2	5
Nov.	3	1	4
Dec.	3	—	3
Totals	30	10	40

Table 92.—Monthly attendances at V.D. Centre, 1952.

Period	Males	Females	Total
Jan.	53	108	161
Feb.	51	117	168
Mar.	35	102	137
Apr.	45	110	155
May	23	143	166
June	30	134	164
July	39	100	139
Aug.	23	123	146
Sept.	29	114	143
Oct.	33	85	118
Nov.	36	97	133
Dec.	29	105	134
Totals	426	1338	1764

The total number of new cases (Male and Female) of Gonorrhoea and Syphilis treated during the year was 40. This represents a increase on last year's figure which was 26,

Appendix II.

OPERATION OF THE COUNTY BOROUGH SCHEME FOR THE WELFARE OF THE BLIND

The following are the terms of the Scheme drafted for this purpose and now in operation within the Borough :—

In this scheme the term “ Blind Person ” shall mean any inhabitant of the County Borough who is so blind as to be either unable to perform any work for which eyesight is essential, or unable to continue his or her ordinary occupation ; the term “ The Corporation ” shall mean the Lord Mayor, Aldermen and Burgesses of the County Borough of Cork, acting by the City Manager ; the term “ The Minister ” shall mean the Minister for Social Welfare.

2. The Corporation will establish and maintain a Register in which shall be entered the name and address, age, sex, religion and other necessary particulars of every blind person who shall produce a certificate from a recognised Ophthalmic Surgeon that the acuity of vision of such person (refractive error being corrected) is below 1/20th normal (3/60th Snellen), or that such person is so blind as to be unable to continue his or her ordinary occupation. Any person between the ages of 21 and 70 may, however, be registered without producing such certificate on furnishing evidence of being in receipt of a pension in pursuance of Section 6 of the Old Age Pensions Act, 1932 as amended by Sections 12 of the Social Welfare Act, 1948. The Register shall be kept written up to date, and shall be revised annually in the month of January. The Corporation shall be empowered to pay reasonable fees to Ophthalmic Surgeons for certifying in cases of necessitous persons.

3. Arrangements will be made by the Corporation with the Authorities of one or more of the Institutions for the Blind mentioned in the Schedule hereto on such terms as may be approved by the Minister for the following purposes :—

- (a) the education or industrial training of suitable blind persons between the ages of five years and thirty years ;
- (b) the employment in workshops for the Blind of blind persons suitable for such employment, their maintenance in a Hostel, and the augmentation of their wages ;
- (c) the maintenance in Homes of blind persons who, owing to age or infirmity, are incapable of work,

4. The Corporation may in cases of unemployed and necessitous blind persons ineligible for education or industrial training under Article 3 (a) of this Scheme and living in their own homes or in lodgings, grant assistance to such persons in accordance with the following scale :—

Classification of Blind Persons	Amount of weekly allowance
(a) Blind person over 16 years and under 21 years of age	20s. 0d..
(b) Blind person 21 years of age and upwards	17s. 6d.. (with pension)
(c) Married man under 21 years of age with wife dependent on him	25s. 0d..
(d) Married man 21 years of age and upwards with wife dependent on him	20s. 0d.. (with pension)
(d) Additional allowance for each child (under 16 years)	3s. 6d..

In considering the grant of allowances on this scale to the classes of blind persons at (a) and (c) above, the Corporation will not take into account casual earnings of any such person where they are satisfied that such earnings do not exceed ten shillings per week.

5. Nothing in this Scheme is to be construed as giving blind persons irrespective of their means or conduct, a right absolute to assistance. The Corporation will not grant an allowance under Article 4 above to any blind person under 21 years of age who is capable of instruction and who declines without a satisfactory reason to take advantage of the facilities for education, training or employment under the Scheme, or who is by conduct or otherwise deemed unsuitable for assistance. No habitual mendicant shall be granted an allowance under the Scheme unless the practice of mendicancy is discontinued. No person shall be eligible to receive assistance under this Scheme who shall not have been resident within the County Borough for two years previous to date of application for assistance.

6. The Corporation, with the approval of the Minister, may make arrangements with the authorities of a recognised Training Centre for the provision of a course of higher education or technical training for capable pupils who have satisfactorily completed their elementary education.

7. The Corporation may pay to the National Council for the Blind of Ireland such subsidy as may be approved by the Minister in respect of the services of Home Teachers employed by the said National Council.

8. The Corporation may incur such expenditure in the execution of this Scheme as the Minister may from time to time approve.

9. This Scheme shall come into operation on the 1st January, 1950, and shall with the consent of the Minister continue from that date but may, with like consent, be modified, extended or revoked by the Corporation. Any question, dispute or difference arising in connection with the interpretation of this Scheme shall be determined by the Minister whose decision shall be final.

SCHEDULE

Institutions for the Blind Approved by the Minister	Class of Blind Persons Received
1. St. Mary's Institution for Female Blind, Merrion, County Dublin	Females, also boys up to 7 years of age
2. St. Joseph's Asylum for Male Blind, Drumcondra, Dublin	Males
3. Richmond National Institution for Industrious Blind, 41, Upper O'Connell Street, Dublin	Males
4. Cork County and City Asylum for the Blind, Infirmary Road, Cork	Males and Females

The number of persons receiving weekly allowances in their own homes from the Corporation during the year was 267, and the disbursements under the heading amounted to £12,151 3s. 7d. 17 applications were received for allowances. Other disbursements amounted to £140 18s. 6d. (examinations, grant to National Council and other expenses). In addition to the above-mentioned, 24 cases were maintained in Institutions by direct grants from the Corporation, viz.:—Cork Blind Asylum (9 males and 7 females); St. Mary's, Merrion (1 Male and 7 females). The total cost of the maintenance amounting to £12,010 5s. 1d.

The following note is contributed by the Hon. Secretary of the local branch of the National Council for the Blind of Ireland.

Home Teaching for the Blind.

Under the National Council for the Blind, this very essential service has been inaugurated in Cork City, to which the Corporation has granted a small annual contribution towards the expenses incurred by employing trained and qualified Home Visitors and Teachers.

The work of the Home Visitor is varied and broad, embracing social as well as mental instruction. She must help the blind to become active members in their homes, teach them to read embossed type, various handicrafts, such as knitting and rugmaking, and to bring an interest and hope into their otherwise hopeless lives.

The Home Visitor can help to prevent blindness in children, who often, through parental ignorance and negligence, or want of interest, lose their sight, which under proper care and supervision can be cured by seeing that they are provided with glasses where necessary and sent for treatment. She also gives her assistance and advice over pension applications, appeals and better accommodation.

Wireless sets are distributed on loan where most required, entertainments organised and free seats at musical shows secured.

Voluntary visitors also give their services to read and spend some time talking to the lonely blind, who greatly appreciate these visits.

Classes are held weekly for instruction in basket making, chair-caning and other forms of handicraft. The finished articles are presented for sale only if up to standard—no inferior goods labelled “ Made by the Blind ” are passed for sale. Efficiency is the definite aim.

The Home Teacher becomes a real friend of the Blind, who turn to her in all their difficulties, knowing that they will obtain help and encouragement to become as useful and important as their sighted brothers and sisters.

Suitable cases are urged to enter institutions for the blind and arrangements made for this purpose.

The Home Teacher has office hours daily where any blind or defective sighted person can get in touch with her and make enquiries. Over the Home Visitor is an Executive Council who meet monthly, receive the reports of the Home Visitor, deal with various cases, arrange the financial side of the work and follow closely and with interest the progress which is being made.

The following is a resume of the work done by the Home Visitors of the National Council for the Blind.

Number of Cases on Register on 31st December	.....	.....	446
Visits paid to Blind	.....	.....	2,519
Visits paid on behalf of the Blind	.....	.....	260
Interviewed at office, City Hall	.....	.....	1,022
Number of Braille readers	.....	.....	17
Number of Moon readers	.....	.....	6
Number attending Men's Handicraft Class	.....	.....	14
Number attending Women's Handicraft Class	.....	.....	7
Number of Home Workers whose work is of saleable standard			37
Number helped with Artificial Eyes and Spectacles	.....	.....	0
Number given Fuel and Christmas Gifts	.....	.....	69
Number given help to buy Dentures	.....	.....	1
Number given Nourishment and Relief	.....	.....	135
Helped to purchase Furniture and Bedding	.....	.....	2
Individuals issued with Penny Dinner Tickets	.....	.....	1
Sent to Institutions for the Blind	.....	.....	0

Appendix III.

Physical Features of the Area

The City of Cork is situated on the river Lee, fifteen miles from its mouth in Cork Harbour. On the north bank of the river there is steep rising ground almost prohibiting building development, save in the form of hillside roads and open building of large houses, with the exception of the marked break of the Blackpool valley, very full use of which has been made. Next comes the flat island comprising the centre of the City. This island is almost entirely artificial, and consists of six feet of filled-in material, with ten feet of slob below that and then gravel overlying old red sandstone. Southwards is a gently undulating tract of land about one and a half miles wide enclosed by a range of hills. There is a considerable amount of land liable to flood in the Lee Valley, west of the city, towards Carrigrohane, and the flatness of the islands on which the city is built and the height to which unusual tides ascend being nearly to the crown of the arches of the old bridges, render certain portions of the city itself also liable to flooding.

The geological formation of the city region is simple and clearly marked in its effect on the landscape. There are only two systems visible, both paleozoic rocks, the carboniferous limestone and the older underlying Devonian, representing the old red sandstone. Each of these formations is in two series; the carboniferous in a crystalline limestone and in a dark shale (with some 10 feet slate); The Devonian in the upper old red sandstone (yellowish and reddish) and in the lower, old red sandstone (red and purple). The characteristic aspect of the countryside has been caused by the crinkling of these strata into regular parallel folds. Further the limestone which should have formed the ridge of the anticlines has been denuded or dissolved away, so that the highest ground consists of old red sandstone, and even the lower series of this; the hollow folds, floored by limestone, have been subsequently protected from further denudation by a covering of boulder clay. In this immediate region there are thus three old red sandstone ridges and two limestone valleys, in the northern of which the city stands under the brow of the northern sandstone ridge. If this sandstone ridge had possessed its original limestone capping, it would probably have been at least 2,000 feet high.

